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THE
BRITISH JOURNAL
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PHYSIOLOGICAL EFFECTS OF *COLCHICUM AUTUMNALE.*

By Dr. REIL, of Halle.*

I.—*Provings of Dr. A. Lindemann, of St. Pölten.*

A. L., 39 years of age, married, a physician, of tolerably stout frame, tall and well developed, of the vascular diathesis and melancholic temperament, with moderate irritability; pulse 75-80; hair and eyes dark brown; body fair; face brown.

Stationary morbid condition: Pityriasis capitis and pinguiculæ, with visible vascular lines in the whites of the eyes; old standing weakness of vision for distant objects; corpulent abdomen, and occasionally for many years past sluggish stools, and sometimes fleeting so called rheumatic pains in the neck, shoulders or loins; a liability to catarrhs, slight attacks of angina, sore throat, and somewhat scanty stools.

Past illnesses.—He had in youth, besides some children's ailments, scarlatina, and about twelve years ago external hæmorrhoids; and for several days immediately before the first proving, the stools were very sluggish; the rectum apparently inactive; the loins felt somewhat as if bruised; rheumatic pains were present on the right side of the neck and in right shoulder on motion, especially mornings and evenings, in consequence of exposure to a draught; disturbed sleep in consequence of sorrow.

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* From the *Hom. Vierteljahrschrift.* VIII. 2.

Diet during the proving. In the morning weak coffee, with milk; a frugal dinner, with water and rarely a little wine; at night a little meat supper. A few unavoidable exceptions are noted in the history. The experimenter never smokes.

1ST PROVING.

Higher dilution, No. 3, 20 globules (=½ a drop) with water, on the 29th December, 1853, at 4 P.M.

29th.—Afternoon. (Much snow and wind; therm. 8 R.) Evening, 6 o'clock, pulse 77.

N.B. Owing to much unexpected business, accompanied by mental distress, no attention could be devoted even during the night to the action of the drug.

30th.—Morning, two unusually easy evacuations; some flatulence, without odour, which soon passed off; a vesicle appeared on the upper lip at night; overpowering activity of thought, and as a consequence much disturbed sleep, although the cause of increased anxiety no longer exists; dreams in a half-waking condition; tensive pain in the forehead and eye, without any increased heat in the latter.

31st.—7 A.M., pulse 75; the pain in the loins and the above mentioned rheumatism are gone; at night unusually strong sexual appetite; sleep only obtained at a late hour.

Jan. 1st, 1854.—8 A.M., pulse 80; two easy evacuations; night disturbed by visits to patients.

2nd.—8 A.M., pulse 80.

N.B. The days above referred to, as also the time following, the experimenter was so much occupied bodily and mentally, it was better to desist from further provings until the return of quieter times. The duration of the experiment was 100 hours.

2ND PROVING.

Higher dilution, No. 3. Twenty globules with water on the 16th January, 1854, at 4 P.M.

N.B. Before and at administration slight catarrh, and some dry cough; stools sluggish; pulse 76.

16th.—Afternoon, hunger.

17th.—Morning, pulse 80; hunger; duration of experiment 24 hours.

3RD PROVING.

Higher dilution, No. 3, globules in water taken on the 17th January at 4 P.M.

17th.—Afternoon and evening, hunger; sluggish evacuations.

18th.—Ditto; great appetite; in the epigastrium an unpleasant sensation (amounting almost to pain) on pressure coughing and deep respiration.

19th.—Afternoon and evening, very great appetite; the cough to which the experimenter has been subject disappears entirely, and with unusual rapidity in spite of damp and cloudy weather.

Duration of the action observed, 24 hours.

4TH PROVING.

Higher dilution, No. 3.—Two drops with water taken on the 20th January, at 4 P.M.

20th.—Evening and night, great appetite; loins feel bruised.

21st.—Morning, great appetite; stools sluggish; loins aching. Evening, still unusual appetite; loins less painful; catarrh almost completely removed, and with unusual rapidity, though there is cloudy and cold weather.

22nd.—Morning, loins more free; wind passes without odour; stool easier and softer. Afternoon, loins free from uneasiness; sexual desire much excited.

23rd.—Morning, a passing catarrhal cold; loins slightly aching. Duration of effects 64 hours,

5TH PROVING.

Higher dilution, No. 3. Three drops in water on the 24th of January, at 4 P.M.

24th.—Afternoon, shivering in the open air, at a temperature of +6° R, and sensitive slight pain on the right side of the neck; brows stern and contracted. Evening, great appetite; invincible inclination for sleep. Night, a very disturbing flow of thought after midnight; neither sleep nor complete consciousness; dulness about the forehead, which is cold, and on the surface generally a slightly sour smelling perspiration.

25th.—Morning, slight pain in loins; forehead warm and heavy; fingers cold; palms hot; pulse 80 during the day; head dull. Evening, shivering in the open air, with moderate cold and good clothing. Duration of observed effects 32 hours.

6TH PROVING.

Higher dilution, No 3. Four drops in water on the 26th January, at 4 P.M.

26th.—Afternoon, loins at times feel bruised. Evening, unusually perfect feeling of comfort.

27th.—During the day, towards and after mid-day, oppression in the cardiac region, especially slight fluttering cardiac pulsation. Observed duration of effects 22 hours.

7TH PROVING.

Higher dilution, No. 3. Six drops in water on the 27th of January, at 4 P.M.

27th.—Evening, general feeling of comfort, which is unusual.

28th.—Morning, loins ache slightly Noon, slight uneasiness in the cardiac region.

29th.—Noon, very well. Duration of effects observed 20 hours.

8TH PROVING.

Lower dilution, No. 2. Twenty globules (= ½ a drop) with water, on the 1st February, at 4 P.M.

Feb. 1st.—Evening and night, pain in the loins, as if from a bruise.

2nd.—Morning, the above pain diminishes on motion, and finally disappears. Evening, it returns again.

3rd.—Morning, the bruised feeling in the back disappears on motion rapidly. Observed duration of the action 40 hours.

9TH PROVING.

Lower dilution, No. 2. Forty globules (=1 drop) in water, taken on the 3rd of February, at 4 P.M.

4th.—Forenoon, great aching in the loins; flatulent distension; hunger; no stool. Observed duration of action 20 hours.

10TH PROVING.

Lower dilution, No. 2. Three drops with water on the 4th of February, at 4 P.M.

4th.—Afternoon, momentary uneasiness in the heart; dryness of the throat; uvula slightly congested, as also the fauces; no evacuation; weather fine, and moderately cold.

5th.—Morning, the dryness of the throat has disappeared; great appetite; stool scanty and sluggish; during the day unusual sexual appetite.

6th.—Morning, backache; forehead slightly heavy; strong inclination for connexion; stool very scanty and sluggish, followed by a constant straining, without further results; frequent passage of ill-smelling wind during the day; pain in the forehead, slight cold, and dryness of the throat (rain and wind); hunger at night, disturbed sleep and fearful dreams.

7th.—Forenoon, aching in loins; head slightly confused; cold, but slight; throat well; right ear feels stopped up; no evacuation. Duration of observed effects 68 hours.

11TH PROVING.

Lower dilution, No. 2. Four drops with water on 7th February, at 4 P.M.

February 7th.—Afternoon, a very scanty and sluggish stool following a simple clyster. Evening, uvula slightly painful and red (wet feet).

8th.—Morning, throat better; slight backache; head not affected; a little cold; evacuation very sluggish and scanty; water has an unpleasant taste; during the day the throat is well; for some time the pityriasis has been much less; the taste of water is as usual. Noon, quite well.

9th to 14th.—Chilliness, with damp cold weather, and a catarrhal fever, affecting especially the larynx and nose, necessitated the discontinuance of the provings, and it was only noted that during the whole of the period the appetite remained great; the stools were sluggish and scanty; the sexual appetite strong, and the back and hips often felt aching and bruised. Duration of action observed 168 hours.

12TH PROVING.

Lower dilution, No. 2. Four drops with water on February 14th, at 4 P.M.

14th.—Afternoon, one and a half hours after taking the medicine the pulse was 70; three and a half hours thereafter 68; the sexual appetite increased.

15th.—Morning, at 6·30, pulse 75; no backache; evacuation easy, and yielding. Evening, 6 o'clock, pulse 77; a slight evacuation.

16th.—Morning, at half-past 7, pulse 90; an easy stool. Noon, pulse 80; great appetite. Afternoon, after slight abdominal spasm a soft stool; 4 P.M., pulse 75. Duration of observation 48 hours.

13TH PROVING.

Lower dilution, No. 2. Four drops with water on the 16th February, at 4·30 P.M.

16th.—Evening, 6 o'clock, pulse 82; 7 o'clock, pulse 72; half-past 8 o'clock, pulse 65.

17th.—Morning, back feels as if slightly bruised; a call to evacuate the bowels is not followed by any result; 7·30, A.M., pulse 78. Afternoon and evening, 1 P.M,, pulse 75; 4·30 P.M., pulse 80; a desire to go to stool without any evacuation; painful distension; 6 P.M., an evacuation obtained by a cold water enema; 6·30 P.M., pulse 73; 9·30 P.M., pulse 73.

18th.—Morning, 7 o'clock, pulse 80; 12·30, pulse 82; 2·30, pulse 82. Duration of observed effects 48 hours.

14TH PROVING.

Lower dilution, No. 2. Six drops with water taken on the 18th of February, at 2·30 P.M.

18th.—3·15 P.M., pulse 75; 7 P.M., pulse 75; 9 P.M., pulse 70; a scanty stool.

19th.—Forenoon, 7 o'clock, pulse 80; wind passed without any evacuation; 10 A.M, a copious evacuation. Afternoon, half-past 2 o'clock, pulse 82; a soft evacuation; 10 P.M., pulse 75; 11 P.M., pulse 90; sexual appetite increased.

20th.—7 A.M., pulse 100; great appetite; an easy stool. 11 A.M., pulse 82; sexual desire very strong.

21st.—7 A.M., pulse 80; an easy evacuation. 11 A.M., pulse 86.

22nd.—7 A.M., pulse 79; an easy stool. 4 P.M., pulse 80.

23rd.—7 AM., pulse 75; an easy stool; sexual appetite much developed.

24th.—An easy evacuation.

25th.—4 P.M., pulse 70; stool sluggish; loins feel bruised.

26th.—7 A.M., pulse 65. 1 P.M., pulse 72. 11 P.M., pulse 80.

27th.—7 A.M., pulse 80; sexual appetite much increased.

28th.—7 A.M., pulse 90. 1 P.M., pulse 67. 4·30 P.M., pulse 80.

March 1st.—1 A.M., pulse 78. 7 A.M., pulse 82.

2nd.—7 A.M., pulse 73.

3rd.—7 A.M., pulse 74.

4th.—8 A.M., pulse 88. 2 P.M., pulse 80. 5 P.M., pulse 70. 9 P.M., pulse 75.

5th.—7 A.M., pulse 73. 2 P.M., pulse 80. 4 P.M., pulse 80. 8 P.M., pulse 70. 9·30 P.M., pulse 75.

6th.—7 A.M., pulse 73. 12 o'clock, pulse 72. 3 P.M., pulse 75. 6 P.M., pulse 70. 8 P.M., pulse 70. 9·30 P.M., pulse 70.

7th.—7 A.M., pulse 72. 10 A.M., pulse 80. 2 P.M., pulse 90. 4 P.M., pulse 80. 5·30 P.M., pulse 70. 9·30 P.M., pulse 70.

8th.—7 A.M., pulse 70. 10·30 A.M., pulse 80. 12·30 P.M., pulse 74. 4 P.M., pulse 74. 7 P.M., pulse 72. 9·30 P.M., pulse 65.

9th.—7 A.M., pulse 68. 12 o'clock, pulse 75. 4 P.M., pulse 72.

Duration of action 450 hours.

N.B.—During the 12th, 13th and 14th provings, up to the 25th of February, I suffered from slight alternate cough and catarrh.

15TH PROVING.

Primary preparation No. 1, two drops with water, on the 9th of March, at 4 P.M.

March 9th.—Afternoon, 5 P.M., pulse 72; forehead rather heavy; great sleepiness immediately after tea; much dreaming during the night.

10th.—Forenoon, 7 o'clock, pulse 70; stool sluggish; backache gradually disappearing with exercise. Noon, pulse 70; great sexual desire. 2 P.M., pulse 76; great appetite. 4 P.M., pulse 63. Evening and night, 8 P.M., pulse 60. 9 P.M., pulse 64; great drowsiness immediately after tea; dreams.

11th.—7 A.M., pulse 70, full and slightly irregular; evacuation scanty and sluggish. 12 o'clock, pulse 70; good appetite. 3 P.M., pulse 78. 3·30, calls to stool, with passage of wind; frequent micturition, as also during the night.

Duration of action observed 60 hours.

16TH PROVING.

Primary preparation No. 1. Four drops with water on the 11th of March, at 4 P.M.

11th.—Afternoon, 4·30, a very scanty, dry and difficult evacuation. 5 P.M., pulse 70 and irregular. Evening, 8 P.M., pulse 64. 9 P.M., pulse 69 (meal at 8 P.M.); unusual drowsiness; at night frequent micturition; wind passes; dreams.

12th.—7 A.M., pulse 70; stool easy and semi-fluid. 12 noon, pulse 70. 3·30 P.M., pulse 80; unusual cheerfulness and vivacity after tea. 9 P.M., pulse 63. Sexual appetite increased.

13th.—7 A.M., pulse 70; pains in the back, which disappear under exercise; evacuations easy and semi-fluid. 12 noon, pulse 67; forehead heavy. 4 P.M., pulse 75. 5 P.M., pulse 75.

Duration of the action noted, 44 hours.

17TH PROVING.

Primary preparation, No. 1, six drops in water, on the 13th of March, at 5 P.M.

13th.—Afternoon, the heaviness in the forehead which existed on taking the medicine, passes off during the evening rapidly. 6 P.M., pulse 71; on going out in the evening with an east wind, the symptoms return to some extent. Shivering, throat dry, slight cold. 7 P.M., the forehead becomes easy in the room, and the shivering passes off; wind is passed. 9 P.M., pulse 70.

14.—Morning, wind passed; loins aching, but recovering with exercise (walking); stool pretty easy. 7 A.M., pulse 77; head and throat well. 12 noon, pulse 72. Evening at 8 o'clock (before supper), pulse 75; suddenly great itching at the anus, lasting half an hour; slight dryness of the fauces. 9 P.M., pulse 67.

15th.—7 A.M., pulse 70; back easy. 1 P.M. (after dinner), pulse 80. 7 P.M., pulse 73. 9 P.M., pulse 68.

16th.—7 A.M., pulse 78; fauces rather dry; stool copious and semi-fluid; subsequently slight backache, soon disappearing on motion. 4 P.M., pulse 75.

Observed duration of action, 64 hours.

18TH PROVING.

Primary preparation, No. 1, 8 drops in water, taken on the 16th of March, at 4 P.M.

16th.—Afternoon, evanescent bitter taste in the mouth; desire to go to stool, but without any effect. 6 P.M., pulse 72; frequent micturition. Evening, slight itching at the anus. 9 P.M., pulse 68. During the night frequent micturition.

17th.—Morning, forehead dull; back feels bruised. 7 A.M., pulse 87; a copious, semi-fluid, dark brown stool, after which the head still continues heavy; during the day the oppression in the head and back disappears, about 10·30, after exercise; frequent micturition. Enormous appetite towards noon. 12 o'clock, pulse 78. 4 P.M., pulse 80; ineffectual call to stool. 7·30 (before supper) pulse 68. 9·30 P.M., pulse 70.

18th.—7 A.M., pulse 66; very slight backache; ineffectual visit to stool. 1 P.M., pulse 78.

19th.—Much wind passed during the morning. Stool easy and pappy. 7 A.M., pulse 70. 4 P.M., pulse 70. 5 P.M., pulse 70; stool firm (sluggish) and scanty. 8 P.M. (before supper), pulse 65. 10 P.M., pulse 80.

20th—7 A.M., pulse 74; a semi-fluid stool. 12 o'clock, pulse 68. 5 P.M., pulse 68; sexual appetite unusually excited. 8 P.M., pulse 68. 9·30 P.M., pulse 65; an evacuation.

22nd.—Morning, 7 o'clock, pulse 76; after a cold clyster a soft stool is passed, and the back is easier; soon after again great pain in the back, increasing up till 2 o'clock; pulse 80. 4·30 P.M., pulse 75.

23rd.—Morning, 7 A.M., pulse 71; backache much less; evacuation more copious, and semi-fluid. Afternoon, back quite recovered after a drive. 6 P.M., pulse 70.

24th.—At 2·30 A.M., pulse 82; sexual appetite much developed. 7 A.M., pulse 70. (In the afternoon beer taken during a journey.)

25th.—Two evacuations. 4 P.M., pulse 73. In the evening, coffee taken with milk.

26th.—Sexual appetite very great. 4 P.M., pulse 72.

27th.—Ditto. 4 P.M., pulse 70; it has been noticed for a few days past that the obstruction of the throat, which has long been absent, and the pityriasis capitis, again increase.

28th.—7 A.M., pulse 80. 4 A.M., pulse 73.

Duration of observed action, 216 hours.

N.B.—During the 18th proving, up to the 21st day of the month, catarrh and angina were perpetually threatening, without reaching their full development, as it otherwise (especially in such unfavourable weather as existed) usually does in the case of the experimenter very readily.

19TH PROVING.

Primary preparation, No. 1.

I.—Two drops with water on the 28th of March at 4 P.M.

March 28th.—Afternoon, backache about 6 o'clock, and slight itching around the anus on going into the air; shivering; knees feel as if tired by ascending stairs. 7 P.M., pulse 82; great need for micturition; uvula somewhat painful and congested.

II.—Three drops without water, at 7 P.M.

A strongly bitter taste, somewhat stringent, lasting a few seconds; after a few minutes slight uneasiness in the left breast, originating at the heart, and calling for deep inspiration; head slightly swimming, and oppression in centre of forehead; a sensation of warmth and fulness in the pit of the stomach; all these symptoms disappear after half an hour. Upper and forearm on the left side cramped and weak. 7.30 P.M., an unusual quantity of scalding urine passed. 7·45 P.M., pulse 83 (immediately after a little exercise). 8 P.M., meal taken with great appetite, followed by overpowering drowsiness. 8·45 P.M., pulse 70. Night, frequent micturition, and much dreaming.

29th.—Morning, 7 A.M., pulse 78, an easy and soft evacuation; considerable backache, which does not disappear even with exercise till 9 o'clock. 9 A.M., pulse 85; all the symptoms complained of yesterday are gone.

III.—Three drops without water, at 9 A.M.

After a few minutes' walking, warmth and fulness in the upper and middle part of the stomach; darting pains in the hips, especially the left; slight oppression in the cardiac region—all lasting only a few minutes; backache prevents walking erect. 9·30 A.M., pulse 73. 10 P.M., pulse 77 (with exercise); the pain in the loins increases in spite of the exercise; micturition with the evacuation of pale yellow (natural) urine.

IV.—Three drops without water at 11·30 A.M.

The feeling of warmth and fulness in the abdomen came immediately, and disappeared with equal rapidity. At 12·30 P.M., after a short quick walk, the pulse was 86; appetite very good. In the afternoon, whilst sitting down, a feeling of warmth and beating on the right and left of the loins; inability to fix the attention; forehead at the same time feels distended. 5 P.M., pulse 62; great hunger; micturition urgent, and urine scalding; calls to stool without evacuations during the night. At 9·30 P.M.. pulse 65; frequent micturition; forehead oppressed; much dreaming; loins feel bruised.

30th.—Morning, back aches but slightly; a sluggish soft stool. 7 A.M., pulse 77.

V.—Six drops without water, at 8·45 A.M. (one hour after breakfast).

After two minutes, flatulent eructation, with the taste and smell of spirits; soon after the above-mentioned feeling of warmth in the abdomen, and commencing backache just above the anus, where there is a sensation of creeping, with warmth, itching and slight burning, as if from a mustard plaster; the corresponding place on the skin slightly sensitive to gentle touches, but not to strong pressure, with a desire to scratch the part, which is benefited thereby, and is somewhat red. 8·30, pulse 95; the sensation in the loins slight, passing off with exercise. 10·45 A.M., pulse 87; cardiac oppression; back feels warm, and for a moment slight twitches in it; frequent micturition.

VI.—Six drops without water at 10·15 A.M. (going out immediately after).

Ten minutes later, feeling of exhaustion on going up stairs, but much less than on previous evening; cardiac oppression; slight momentary fluttering and darting pains in the cardiac region; feeling of anxiety also, with sighing; the twitching in the back is more marked than ever; feeling of increased heat in the spine, in a warm room; taste bitter and flat. At 10·30 A.M., pulse 73. 11 A.M., knees feel more tired. 11·30, knees have recovered; pulse 74; soon after great desire to micturate, and slight itching at the anus. At 12, weight in the region of the heart; feeling of heat and burning. At 12·45, a few darting pains in the anus and in the fore part of the urethra, and in the hip; copious and scalding urine; the oppression and feeling of warmth over the heart is great, and induces frequent deep sighing; pulse 85 and small; a desire to go to stool. 1 P.M., great appetite after dinner; the sexual appetite enormously increased. 3·30 P.M., pulse 70; soon after a stool, and feeling of activity in the left hip; wind passes, and the calls for stool pass off immediately; heart more oppressed than after dinner. Towards 4·30 P.M., the cheeks are red hot; sacrum, when sitting, almost free, but slight momentary creeping in the left hip. 5 P.M., pulse 68; towards afternoon, frequent micturition. At 8·30 supped with great appetite. 9·30 P.M., pulse 70; during the night urine only passed twice; but slight backache.

31st.—6·30 A.M., pulse 70; only the left side of back painful; wind passes.

VII.—Four drops, without water, at 6·30 A.M. (coffee, with milk, about three-quarters of an hour after); immediately after, flatulent eructations, and a bitter taste; wind passed; the above-described symptoms appear in the back and left hip, which are relieved after an easy stool. 7·15 A.M., pulse 74, and great appetite for breakfast. 8·30 A.M., pulse 80 and fuller; all the symptoms rapidly disappeared in walking to see patients. 9·15 A.M., general comfortable feeling; flatulent eructations; wind passed with slight desire for an evacuation; dysuria; pulse 80.

VIII.—Four drops without water at 9·15 A.M. 9·30 A.M., a few minutes later feeling of weariness in the knee on going up stairs, and the above symptoms in the small of the back and in the left hip, but only slight; slight and momentary creeping in the left side of right knee; oppression and slight fluttering of the heart leading to deep inspiration; head feels, for a time, thick; warmth and slight pricking at the anus; pulse 80. 10·30 A.M., feeling of fulness in the abdomen and rectum; pulse 74. 11 o'clock, the oppression about the heart is, at times, greater; calls to stool; passage of wind; slight creeping in the left hip; frequent micturition; pulse 74.

IX.—Four drops without water at 11 o'clock; soon after, flatulent eructation and passage of wind. 12 noon, pulse 80; after dinner, repeated eructations and wind; pulse 75. 4·15 P.M., pulse 73 (the observation was suspended owing to much and absorbing occupation). 10·15 P.M., pulse 70; during the night, loins quite free; sleep good.

April 1st.—At 6 A.M. pulse 80.

X.—At 6 A.M., 6 drops in water, a few minutes after, a single eructation; slight oppression in the cardiac region; momentary dizziness of the head; slight creepings in the left hip; after fifteen minutes, warmth and distension in the upper and middle parts of abdomen; inclination for frequent deep inspirations; 20 minutes after the dose, slight darting pains in the region of the heart; frequent flatulent eructations. 7·15 A.M., café au lait. 8 A.M., pulse 84, free and full; loins slightly painful; dysuria. 8·30 A.M., a very easy and copious evacuation.

XI.—Six drops in water at 8·30 A.M.; soon after, pain in the left loin slight. 9·15 A.M., knee tired in going up stairs; cardiac oppression; the back-ache, eructation, and wind, all much less marked than previously; pulse 90, small and soft; dysuria. 9·30, the oppression increases; the other symptoms are sometimes more and sometimes less perceptible. 11 o'clock, pulse 86, and somewhat fuller.

XII.—Ten drops in water at 11·30 A.M., followed by the above symptoms slightly; oppression and weight at the heart more perceptible; flatulent eructation. 12 o'clock, pulse 75, soft and rather fuller; appetite great; micturition frequent; after 12 o'clock, fleeting pains in the abdomen, especially on the right, between the liver and groin, and also at the umbilicus; warmth in the epigastrium; weight in the cardiac region; frequent yawning and deep inspirations; slight creeping in the left hip and in rectum; frequent micturition. After 12·30, calls to stool without any results. 4·30, pulse 72. 7·30 P.M., slight desire to go to stool, and little backache; pulse 70; great appetite. 10 o'clock, pulse 80. At night, good sleep, and only passed urine once.

April 2nd.—Slight pain in the loins; the obstruction in the throat has not been noticed for several days. At 12·30 P.M., pulse 72. 4 P.M., pulse 80; a second soft stool. 6 P.M., pulse 86. 10·30 P.M., pulse 70.

3rd.—Very little backache; great appetite; stool light, copious, and soft. 7 A.M., pulse 80; sexual appetite increased. 10 P.M., pulse 70.

4th.—7 A.M., pulse 70; very little backache.

6th.—10 A.M., pulse 73. 10 P.M., pulse 70.

7th.—7 A.M., pulse 77. 8 A.M., pulse 60. 10 P.M., pulse 63.

8th.—7 A.M., pulse 70. 4·30 P.M., pulse 65. 7·30 P.M., pulse 70.

10th.—7 A.M., pulse 72. 10 P.M., pulse 73.

11th.—7 A.M., pulse 74. 5·30 P.M., pulse 70.

N.B.—from 4th to 11th, the above described symptoms in the back, hip, forehead and heart, return frequently, in a small degree, and very fleetingly.

II.—*Provings of W. S. at St. Pölten.*

W. S. is 24 years of age, single, tall and slim in build, with dark brown hair, black eyes, phlegmatic temperament; pulse 70; when in health the catamenia appear monthly for five days, with or without pains; very often headaches and costiveness.

1.—PROVING OF NO. 3 DILUTION.

1.—Jan. 16, 1854.—9 A.M., $^{20}/_{3}$ glob. in water; immediately following, hunger; feeling of comfort.

2.—20th.—9 A.M., $^{20}/_{3}$ in water; the same symptoms.

3.—24th.—9 A.M., 2 drops of No. 3 with water; very restless night; two evacuations; nightmare. Early on 25th, weakness in the limbs.

26th.—No symptoms.

2.—PROVING OF NO. 2.

4.—Feb. 22nd—9 A.M., $^{20}/_{2}$ in water; immediately, chilliness in the room; giddiness and palpitation all day long.

5.—5th.—9 A.M., $^{40}/_{2}$ in water; palpitation in the afternoon; giddiness.

6.—7th.—9 A.M., 2 drops in water; deep sleep; weakness in the limbs.

7.—10th.—9 P.M., 2 drops in water; burning heat; giddiness; in the morning, recovered.

8.—17th.—9 A.M., 2 drops in water; before taking it, pulse 70; two hours afterwards, 60; evening, 65; catamenia, as usual, without pain.

9.—March 6th.—4 drops in water at 9 A.M.; pulse regular; palpitation.

3.—PROVING OF NO. 1.

10.—10th.—2 drops in water at 9 A.M.; pulse before taking it, 70; two hours later, 65, and very weak; evening, 57; an hour later, again 70.

11 —14th.—4 drops in water at 9 A.M.; chilliness in thorax; eructations, with water.

12.—17th.—4 drops in water in the evening; pulse, after taking it, 50; after an hour, 60.

18th.—In the morning, again, 60; towards noon, 75; heat in the forehead; giddiness.

III.—*Provings of C. Sch., in St. Pölten.*

The daughter of an official, single, aged 30—occupation, light work in the house, with much reading and writing—black hair, dark eyes, sanguine temperament; pulse nearly 80; the catamenia vary from time to time, often excessive, especially in the summer months; of stout and firm build, small stature, healthy, excepting a weak, nervous system, perhaps the result of a severe attack of measles. Ordinary diet.

1.—Jan. 16th, 1854.—9 P.M., took 20 globules (No. 3); has been troubled for several days with severe catarrh and slight cough; the mind excited by a painful accident. After taking the above, pulse regular and quiet; comfortable sensation. An hour later, a feeling of languor in the feet; sleep as usual. 17th.—Towards morning, a little eructation; passage of wind. About 7 A.M., oppression in the head; a slight giddiness; but little appetite; faintness; frequent eructation (without odour); sleep much disturbed (probably, however, in consequence of change of room, from a roomy chamber to a small one). 18th.—Catamenia appeared; slight nausea; catarrh rather increased than otherwise; cough worse; nerves as usual, without particular symptoms; temper very irritable; head somewhat cloudy, as if wrapt up (in consequence of the cold). The administration discontinued.

2.—20th.—At 9·45 P.M., $^{20}/_{3}$. Sleep very good; cough and cold less; catamenia ceased; mind quieter; odourless eructation.

3.—24th—2 drops of No. 3 at 9·30 P.M. A very good night; slight irritation in the throat.

4.—26th.—2 drops of No, 3 at 9·30 P.M. Sleep good; an itching felt over the whole body in the morning and during the whole day. 27th.—A slight cutaneous eruption has appeared.

5.—28th.—9·45 P.M., 4 drops of No. 3 in 4 spoonfuls of water. Sleep disturbed; cold worse, without being exposed to chills; pulse stronger. After applying a cold water fomentation to the throat during the night, the cough was relieved. On the next day (the 29th), throat dry; uneasiness; a feeling, as it were, of debility.

6.—Feb. 2nd.—9 P.M., 20 globules of No. 2 at 4·30 P.M.; pain in the chest. Next day, more irritation and cough, without any assignable cause for the change; nausea.

7.—5th.—9·30 P.M., 40 globules of No. 2. A good night; great debility in the morning.

8.—7th—9·30 P.M., 2 drops of No. 2 in 3 spoonfuls of water. Early in the morning, severe pain in the stomach; giddiness; pulse regular.

9.—10th.—9·30 P.M., 4 drops of No. 2. Eructations, without smell; pain in stomach; giddiness.

10.—13th.—10 P.M., 4 drops of No. 2. Great weakness in getting up in the morning.

11.—17th.—9·30 P.M., 4 drops. Weakness at 1 P.M.; pulse 80. 18th.—Pulse, in the morning, 83; after dinner, 85.

12.—21st.—4 drops of No. 2 at 9·30 P.M. Catamenia have appeared. Next morning, pulse 90; feet heavy and aching (which, otherwise, never happens on appearance of the menses). Afternoon, pulse 83; slight palpitation.

PRIMARY PREPARATIONS.

13.—March 6th.—Pulse, at 7 A.M., 90. One drop of No. 1 taken at 9 A.M.; palpitation; giddiness.

14.—10th.—9 P.M., 1 drop of No. 1. Slight giddiness (perhaps a symptom which is often observable in Spring). 11th.—pulse 70; giddiness gone.

15.—14th.—3 drops of No. 1 at 9 A.M. Pulse 90; later, 94; otherwise well.

16.—21st.—3 drops of No. 1 at 9 A.M. Singing in the ears; giddiness; debility; great appetite; pulse 70, and two hours later, 80.

IV.—*Provings of Dr. Gschladt, Military Medical Superintendent at St. Pölten.*

Dr. G. is a physician, aged 35, married, of thin and weakly habit of body, venous constitution, bilious temperament, great irritability, pale countenance, and dark complexion.

During the provings his diet was as follows;—Morning, coffee; noon, a frugal meal with water; evenings, a light meal with a little wine and water. Nothing during the day. During the half-day in which medicine was taken, he did not smoke, but otherwise moderately.

1st Proving.

Higher dilution, No. 3, 20 globules on the 30th December, 1853, at 4 p.m.

December 30th.—Afternoon, frequent flatulent eructation; repeated yawning; dizziness, such as to cause a fall from the chair, after walking. Evening, unusual drowsiness. Night, sleep deeper till midnight, then awaking with a feeling of heavy pressure on the stomach. Watchfulness prevented the return of sleep for 2 hours, during which there was audible palpitation of the heart; a dry heat of surface; dryness of mouth; slight darting pains in both wrist and elbow joints; dragging pain in the sacral region when reclining, better on exercise.

31st.—Forenoon, tired when awaking; feeling of imperfect sleep; boring pain in the forehead over the eye; backache more painful on sitting, better when moving; countenance paler; eye dim; stool copious; irritability troublesomely great. Noon, appetite increased (pain in decayed teeth on eating). Afternoon, chilliness persistent; unusual drowsiness; great irritability. Evening, good appetite; unbroken sleep during the night, and complete health on awaking.

Duration of the effects observed, 24 hours.

2nd Proving.

Higher dilution, No. 3, 100 globules taken on the 4th January, 1854, at 4 p.m.

January 4th.—Afternoon, flatulent eructations; yawning; palpitation; anxiety about the heart; pulse sluggish, 66. Evening, good appetite; great sleepiness. Night, deep sleep; lively dreams; grinding of the teeth.

5th.—Forenoon, weariness on awaking; piercing pain in forehead, especially over the left eye; dragging pain in loins improved by exercise; pasty taste; flatulent eructation; pallor of countenance; eye muddy; nausea; vomiting; a copious stool; chilliness; drowsiness and irritability of temper. Noon, appetite good (the decayed teeth ache on eating). Afternoon, continued chilliness; heavy ache over the eyes; vomiting; heat. At night, deep sleep; grinding of teeth; chilliness, with heat of scalp; slight dragging pain in hip, better on exercise.

6th.—Forenoon, countenance pale; stool normal; pain in hip increased on sitting, but better with exercise. Noon, good appetite, and then recovery.

Duration of observed action, 48 hours.

3RD PROVING.

Lower dilution, No. 2, 25 globules on the 10th January, 1854, at 4 P.M.

10th.—Afternoon, flatulent eructation; yawning; palpitation; oppression about the heart. At night, sleep deep till midnight, then waking, and the watchfulness delayed, for a considerable time, the return of sleep.

11th.—Forenoon, heavy pain in the forehead, over the eyes; flatulent eructation; dragging pain in the hip; better on exercise. Afternoon, dulness of head; periodic palpitation; oppression about heart; pain in the back more dragging on sitting down; relieved by exercise. Evening, good appetite; unbroken sleep at night; well on awaking.

Duration of action observed, 24 hours.

4TH PROVING.

Lower dilution, No. 2, 50 globules on the 14th of January, 1854, at 4 P.M.

24th.—Afternoon, eructation; yawning; rumbling in the abdomen; wind passed without odour; palpitation; slight hoarseness; dulness of head; giddiness; darting pains in the forehead, over the right eye; great irritability of temper. Night, deep sleep till midnight, then awaking and watchful; temperature of surface increased; slight perspiration.

15th.—Forenoon, on getting up, slight giddiness; continued shivering; frequent eructations; noon, appetite good, then return to health.

Duration of action observed, 24 hours.

5TH PROVING.

Lower dilution, No. 2, 2 drops, 19th January, 1854, at 8 P M.

19th.—Evening, eructations; yawning and drowsiness. At night, go rapidly to sleep; awaking at midnight; slight sweat; darting pains in the knee and ankle joints.

20th.—Morning, waking late; pasty taste in the mouth; tongue slightly coloured white; distracting occupation prevents further observations.

Duration of observations, 12 hours.

6TH PROVING.

Lower dilution, No. 2, 4 drops, on 24th of January, 1854, at 4 P.M.

24th.—Afternoon, yawning; flatulent eructations; darting pains in the forehead over the eyes, in the right shoulder, in the elbow and wrist joints; slight giddiness; oppression in the heart; a little hoarseness.

25th.—Forenoon, after a good sleep awoke with a slight, dull pain in the forehead; afterwards hindered from further observations.

Duration of observations, 16 hours.

(About this time the experimenter became aware of the existence of two dry wart-like growths in the neck, which had arisen during the proving, and after existing six weeks disappeared by scaling off.)

7TH PROVING.

Primary preparation, No. 1, 2 drops, on the 4th of February, 1854, at 10 A.M.

February 4th.—Forenoon, flatulency; yawning; fleeting stabs on the left elbow; weakness of the feet; general weariness; chilliness; pulse slow, 61. Noon, appetite increased; feeling of weakness in right arm. Afternoon, unusual drowsiness; yawning; eructations; pain in shoulder and knee joints when resting, relieved by exercise; restlessness, causing perpetual motion of the limbs; troublesome irritability. Evening, increased appetite; fleeting stabbing pains in the splenic region. Night, sleep deep; increased heat of surface; slight perspiration.

5th.—Forenoon, colicy pains, with a semi-fluid stool. During the day, chilliness; colic; less dragging pain in the sacral region; darting pains in knee-joint.

6th.—Forenoon, on awaking after a good sleep, palpitation; dull headache, especially over the right eye; slight dragging pain in loins; colicy pains in abdomen; constipation; pulse normal, 75. Afternoon, dull headache, with rending pain in right temple; flatulency; eructation; colic; wind passing without odour; general weariness; weakness in the feet. Evening, after a light meal, weight on the stomach; abdomen distended; slightly scalding urine.

7th.—Morning, pain in the abdomen on awaking from a good sleep; a semi-fluid stool, with continued pain; recovery after the usual breakfast with coffee.

Duration of action observed, 72 hours.

8TH PROVING.

Primary preparation, No. 1, 4 drops, on the 12 of February, 1854, at 4 P.M.

12th.—Afternoon, frequent yawning; flatulent eructation; pain in stomach; colic; passage of wind odourless; headache, especially over the eyes; singing in the right ear; oppression about the heart; tickling in the throat; slight hoarseness; twitches in the right pectoral muscle; dragging pain in the left hip joint; pain of the shoulder and knee joints when at rest, relieved by exercise; restlessness, leading to fidgetting with the limbs; pulse slow, 65. Evening, appetite increased. At night, sleep deep with vivid dreams.

13th.—Morning, oppressive pain in the forehead; slight darting pains over the right eye; tongue clean; taste pasty; colicy pains in abdomen, accompanying a semi-fluid stool; pulse slow, 65. Forenoon, chilliness; cold in the back; cold hands and feet; pulse accelerated 80, small; urine copious, clear, golden yellow, afterwards showing a white floating cloud. Noon, appetite good. Afternoon, colic; rumbling in the bowels; weak feet; general weariness; pulse 80. Evening, appetite good; pulse slow, 65. At night, deep sleep; audible palpitation of heart.

14th.—Morning, colic; insufficient evacuation; urine copious, clear, and golden yellow, afterwards showing a suspended white cloud; pulse normal, 75. Well after breakfast.

Observed duration of action, 36 hours.

9TH PROVING.

Primary preparation, No. 1, 6 drops, on 15th March, 1854, at 9 A.M.

March 15th.—Forenoon, eructation; yawning; fleeting pains in the cardiac region and in left knee; weakness in the feet; pain of knee and shoulder joints when resting, relieved by exercise; restlessness and fidgetting with the limbs in consequence; great irritability; pulse slow, 66. Noon, appetite increased. Afternoon, drowsiness; shivering; pallor; anxiety about the heart; hunger; pulse variable.

16th.—Forenoon, oppressive pain in forehead on awaking after a good night; tongue white; flatulent eructation; nausea; stool soft and copious; weakness of the feet; general weariness; pulse slow, 66; colic; rending pain in the right shoulder joint; pain in the back increased; shivering and weariness.

17th.—Morning, slight headache on awaking after a good sleep; slightly scalding urine; pulse normal, 75; well after breakfast. Duration of action observed, 48 hours.

10TH PROVING.

Primary preparation, No. 1, in repeated, increasing doses, on the 31st of March, 1854.

Six drops at 9 A.M. Eructations; yawning; fleeting twinges in the forehead over the right eye; oppression at the heart; colic; slight and momentary giddiness; pain in the knee and shoulder joints when at rest, better after exercise; restlessness and obliged to move the limbs about; irritability of temper; pulse variable. Noon, appetite good.

Eight drops at 3 P.M. Flatulent eructations; yawning; slight pain in forehead; ringing in the right ear; a little giddiness; pains in the pectoral muscles on moving the thorax; slight rumbling in abdomen; wind passed, odourless; backache increasing; dragging pain in left knee joint; tickling in the throat; voice deep and hollow; weakness of feet; general weakness; pulse slow, 66; urine copious, clear, golden yellow, subsequently showing a white cloud suspended in it; appetite good.

Ten drops at 8 P.M. Sleep good and unbroken.

April 1st.—Morning, pain in the forehead, especially over the eyes, on awaking; pulse slow, 68; stool normal; urine copious, golden yellow, clear, with subsequently a white cloud in suspension. During the day, dulness in the head; drowsiness; shivering; backache less; pulse variable; appetite good. Night, good sleep; well on awaking.

Duration of observation 36 hours.

This remedy seems to act very feebly upon the sexual appetite.

V.—*Provings of Dr. Bruno Linck, of Görlitz.*

Dr. L. is 48 years of age, of bilious temperament, strong, healthy, with tendency to catarrhal affections of the air-passages and colic; diet during the observations was simple; with avoidance of coffee, acids, green vegetables, wine, beer and tea, but he smokes tobacco.

With the exception of a portion of the 4th proving of 1853 (which was made with tincture of the seeds got from a druggist in Görlitz), all the experiments were carried on with the ordinary preparations of Dr. Hartlaub.

1st Proving.

Jan. 19th, 1853.—Evening, shortly before going to bed took four drops; after being a very short time in bed the blood was, as it were, on the boil; the skin of the chest and head became covered with a warm perspiration; a few obscure, as if suppressed irregular beats of the heart were felt at the breast, and a peculiar indescribable feeling; pricking or itching in several parts; sleep sound and undisturbed.

10th.—Four drops in water again before bed time; boiling of the blood again as yesterday; warm perspiration, especially on the chest, neck and head; moist skin, but this does not last long in any case; here and there a very burning itching in the skin, necessitating scratching, by which it was driven to another part; cutting again in the lower part of the body on the right side, afterwards on the left side at the upper part, but not like the former cutting in the intestines, and hence probably not seated there.

11th.—Four drops at bed time again; in the evening on blowing the nose the cutting pain described yesterday came on the lower and front part of left breast, as it had done in the belly; during three days the sleep remained good; the wind, which had previously troubled me much, was markedly diminished.

2nd Proving.

On the 5th of February, 1853, the provings were again commenced, and wine, coffee, etc., avoided, and five drops in water were gradually taken during the morning. In the afternoon four drops more in water were taken at once. About half an hour later a cutting pain in the chest, at the lower and anterior part of right side, without any connection with respiration, although it was dreaded; dulness in the head. In the evening, dragging, remitting pains in the thigh bone, like those of great weariness, or the growing pains of youth; headache about the left temple in the evening; relieved and finally disappearing by rest in bed; sleep good.

6th.—Quite well on waking; on rising a feeling of threatening return of yesterday's headache, especially on moving the head about; gradually the headache established itself, was heavy and dull; gradually and continuously increased, and reached in the evening a great degree of severity; it was situated in the upper and back part of the head; free air and exercise had no effect upon it, but I was thoroughly chilled through and through when out; the appetite remained good; indeed the headache diminished quite perceptibly after supper; during its continuance there was such a tension in the jaw, that I was compelled to lay aside the cigar, and rejoiced when I had got through my eating; on the disappearance of the headache at the back the same appeared in the front of the head; warmth and rest in bed considerably diminished the pain, but sleep was delayed by it about an hour; night good.

7th.—Head quite well on awaking, but a very severe pain on a small spot of the right forehead, which continued about ten minutes, and then disappeared as I moved about in bed, for the purpose of ascertaining its character more closely; after getting up yesterday headache remained for the day, but much less severely; cutting pain in the left breast, unconnected with respiration.

8th.—Feel during the whole day as if the headache were about to return.

9th.—Threatened return of the headache during the whole day; cutting or nipping generally confined to a limited spot, sometimes in the right and sometimes in the left breast; sometimes lower down; in the hepatic region; sometimes to the left, below the ribs and in the splenic region; finally, a persistent pain over the spleen was developed, which lasted the whole day whilst the wandering pains above mentioned entirely disappeared. In the evening a severe cutting, crampy pain in the upper part of the abdomen, reaching to the umbilicus, lasting about half an hour, also colic and threatened diarrhœa.

10th.—The splenic pain has disappeared, but there are pinching and cutting pains here and there, especially on the left side of chest, both before and behind; a soft stool, which however was not passed easily; in the evening a cutting, tearing pain in left arm, lasting only a short time; wandering pains of a burning, itching character, and after scratching the skin becomes red, whilst the pains appear elsewhere.

11th.—Nothing observed,

12th.—Free from all complaint. At night unable to get to sleep for a long time, being unable to lie upon my left side, on which I am accustomed to sleep; it felt always as if a fold of sheet, or something of that sort hurt me, which, however, on examination turned out not to be the case, but I found that the pain was seated in the splenic region, and only excited by pressure. I then remembered that during the whole period of my experiment I had more or less suffered from this symptom, but had hitherto always sought to explain it by a bad position, until I thus accidentally hit upon the right secret.

3RD PROVING.

After repeated experiments with Colchicum Autumnale from an apothecary's shop, very feeble indications of action were manifested, although I took fifteen and even twenty drops at once.

I may mention, however, the following always recurring symptoms:—Oppression in the head; wrenching pain under the right patella (towards the back); cutting and tearing pain in the hepatic region; burning, itching in various places almost simultaneously; dragging pain in left hypochondrium.

4TH PROVING.

March 12th.—I commenced a new proving of the Colchicum, prepared by Dr. Hartlaub (equal parts of extract and alcohol) with careful diet. I took on the 12th, in one dose, ten drops diluted with water, retaining the dose as long as possible in the mouth before swallowing. The taste was bitter, and not unpleasant.

The following symptoms developed themselves:

12th.—Slight pain in the left testis, very sensitive, as if squeezed; on stepping forward with the left foot in walking, evidently produced by the jarring; I felt nothing on pressure; pain in the throat, caused by pressure from below; cutting tearing pains in the chest. In the evening again, pain for a long time in the testis on walking; tearing pain on the outside of left forearm, as it were, on the fascia; sudden shooting pain in the loins on both sides.

13th.—Oppression in the upper and back part of the head; rending pain in the left sole, andon a small part of the instep; dragging in the inner side of tarsal joint; severe pain in the leg, as if from cold, especially over the tibia, with coldness of the limb even in bed; generally, low temperature of the body, even in bed; pain in the testis as before.

14th.—Pain in the anterior surface of leg over the shins, especially like freezing in the bones, or growing pains; cold extremities, even in bed; cutting, rending pains over the chest.

15th.—Cramps in the legs; coldness in the bones, as yesterday; not relieved by warmth; when writing, much pain over the outside of chest, that I was compelled to desist; not affected by motion or deep respirations. Suddenly there occurred such a severe crampy pain in the right side of chest that I started up in fright.

16th.—Tearing pains under the patella; pain in the end of one finger on the palmar surface, as if from a splinter; recurring at intervals.

17th.—Ten drops of Tr. Seminum colchici. (Mitcher); slight occasional pain in the extensor surface of the left forearm, extending to some of the fingers; pinching, tearing pain at the commencement of the tendo Achillis of the right foot; lacrymation in the open air, so as to impair vision; this has been present for several days, but hardly noticed.

(Provings of several preparations, and various accompaniments, confusedly mingled).

Smell as of smoked ham under the nose; heavy pain on the left eyeball; very severe pain on the anterior part of the leg; a dull pain, as of frost (or growing pains) in the bones; a troublesome, dragging pain on the extensor surface of left forearm, occurs in the intervals as if some of the nerves were being pulled; remarkable chilliness of skin in the hands and feet, even when in bed; shivering over the whole body, even in the room; a small round pimple on the mucous membrane of the lip.

18th.—Evening. Sixteen drops; stabbing pains in the left elbow, the spot remaining tender to the touch for some time; acute pains, limited but piercing, on the extensor surface of the forearm, reaching to the fingers, like electric shocks; severe pinching pains, like flea-bites, in several parts, requiring scratching, and then disappearing; tearing in the little finger of left hand; about an hour after taking the dose rough dryness in the throat; shivering in the knee.

A necessary journey here interfered with the provings again, and made the subsequent symptoms untrustworthy, their detail is therefore omitted.

5TH PROVING.

13th.—Evening. Five drops of No. 3 on sugar of milk. No symptoms.

14th.—Six drops; hiccup quite painful; disagreeable paroxysms; pain in the neck, as if I should be compelled immediately to throw up everything; several hours (2—3) after taking the medicine (which is quite unusual) then until the 18th, nothing was taken nor symptoms noticed, and the diet was little attended to.

18th.—Five drops of No 3 in the morning fasting. In the afternoon, headache; pain quite intensely in the base of the brain, between the ears, and rather posteriorly; not very severe, to be called rather unpleasant (quite unusual).

23rd.—In the evening, 3 drops of No. 3.

24th.—Morning, the throat in the lower part quite dry and painful on swallowing, as in commencing catarrhal inflammation of the tonsils. This symptom was the more noticed, because it had been felt on the previous occasions, after No. 3 in the mornings, but not specially noted, because it was ascribed to a cold. Each time it disappeared in a short time, about an hour, after washing out the mouth. In the neighbourhood of the left nipple, on a spot about an inch in diameter, a new pain internally; very severe; increased by respiration, and in proportion to the depth of each inspiratory act; better soon after rising, and gradually then disappearing. In the afternoon calls to stool; the passage of the fæces very painful; they were unusually hard, but of normal form, and the evacuation was made with great patience and caution, as the feeling was as if the entire sphincter were torn across. This pain continued, on retiring to bed late, in the form of uneasiness in the anus.

25th.—In bed the pain again in the breast, in the neighbourhood of the left nipple, disappearing after rising; itching in the inner part of the ears, which was also present on former days, but unnoticed; a desire to push something into them; the ears inside quite dry; picking the ears does not remove the irritation, and does not reach the painful spot; to-day, as yesterday, frequent expectoration of glutinous or starchy mucus from the lungs, quite spontaneously, without irritation to cause the cough.

6TH PROVING.

27th.—Five drops of No. 2.

28th.—Afternoon, fine but decided tearing pain in the left shoulder joint anteriorly. External disturbance hindered the continuance of the proving.

7TH PROVING.

June 15th.—Five drops of No. 2, taken at 8 A.M. During the whole day periodical and extensive passage of offensive wind (this is quite unusual, inasmuch as, when I am troubled with wind it is always odourless); feeling of looseness in the bowels; copious evacuations, not thin, followed by a bearing down in the rectum, with a gnawing pain in the anus; sleep good, with many dreams, always on the same subject, confused and indistinct.

16th.—Five drops of No. 2 in the morning fasting. After dinner, pain in the lower part of abdomen and in the anus, as of threatening diarrhœa; straining aching in the abdomen, then everything disappeared. In the afternoon about 3 o'clock, two hours after dinner, unconquerable drowsiness (uncommon, especially so long after dinner).

17th.—Five drops of No. 2. In the course of the day, very severe rheumatic pains in the left shoulder and neck; gnawing and tension obstructing free motion of head and neck, especially bending to the left and stretching backwards. In the afternoon, again at the above time, drowsiness; pain as from tearing of the sphincter during passage of a hard stool; unsuccessful straining afterwards; the rectum appeared quite inactive; no help is obtained by strong pressure on the abdomen, yet the fæces are felt in the rectum; stitches in the right breast, in the lungs.

On the 19th, 20th, 21st, 22nd, and 23rd, nothing was taken on account of the following severe symptoms:—Catarrhal cold gradually affecting the larynx, with croupy, laryngeal cough (to which I am liable with every severe cold); almost gone on 23rd. During the whole time irregularity of the bowels; feeling of diarrhœa preceded by cutting pains, without any watery or thin evacuation. Whilst sitting still, an intense, unpleasant feeling of weakness in the whole body, with pain in the neck and dizziness in the head; on exercise, particularly in the open air, this derangement immediately vanishes, but returns with equal rapidity on again sitting down; a general feeling of complete indifference; a rheumatic heavy pain in the shoulder-blade and neck coming periodically; also a very perceptible fine tearing pain in the right forearm, especially in the muscles on the outer side, without any relation to motion or rest, In the evening, rheumatic pains throughout the body, especially in the back, upper arm, or shoulders; pressure on the thigh-bone, especially about its centre, excites pain; tearing pain in the lower gum on the right side. In the evening, chilliness necessitating the demand for more covering at night, yet on going to bed there arose a shivering and chattering of teeth, as in symptomatic fever, which, however, shortly disappeared after lying quiet; it threatened to return on movement.

24th.—Frequent and sudden cutting pains in the lower part of abdomen, as in diarrhœa; an almost involuntary evacuation of a slimy, watery stool, almost without any solid masses.

The proving was now discontinued and the cautious diet. After weeks symptoms continued to show themselves, especially those referred to the abdomen.

8TH PROVING.

Louise Link, aged 35, tall, strong, of mild disposition, easily influenced by emotions, subsequently troubled with nervous derangements amounting to serious illness; in early years suffered much from *prosopalgia* and difficult menstruation. Hartlaub's preparation of Extract of Colch. and Alcohol equal parts, 5 drops in ½ desert-spoonful of water.

Feb. 5th, 1853.—Soon after taking the medicine a feeling of giddiness and singing in the head; pain in the bone over the left eye, returning with increased severity at each movement; but in the afternoon up to 6 P.M., the headache over the left eye reached such a pitch of intensity that each rustle became unbearable; the pain remained fixed to one spot.

6th.—Without another dose, the same worrying headache during the whole day, over the left eye; increased by every motion of the head.

7th.—The same headache still continues, only that instead of the left side over the eye, it is now seated on the right side of the crown at the back, and is much intensified by bending the head back, or raising the eyes; great longing for rest.

8th.—Almost unnoticeable headache in the crown; suddenly a very severe cutting pain, as from sharp knives, in the left breast (thorax), which almost suspends respiration and causes moaning. The severe pains last about a quarter-of-an-hour, and pass off to a slight persistent cutting pain in the chest, as if the sharp cuts which still remained were not so deep, or implanted in less sensitive parts. In the evening, from 6 till towards 8 o'clock, very severe headache over the left eye, and extending thence over the left side of head; passing off after supper, accompanied by cutting pains in the body, which were remarked also on previous days.

9th.—Awoke without headache, but soon again attacked by it; the pain is now in the back of the head on the left side, and stretches to left eye and even into the face. During the whole day, slight prickings and cuttings in the chest; worse during respiration, accompanied by pain in the gastric region; the stomach appears, from the sensations, to be swollen, which, however, is not the case; the stomach will not bear pressure, so that light clothing is oppressive; a continuous feeling of cutting in the body; much urging to stool, which however is difficult, though soft; effected with great pain in the back. In the evening, again severe headache, which, it is true, slightly yielded, but did not cease, and at night was so severe that I could not help loud crying; restlessness also in all the limbs; pain over the stomach; feeling of fulness in the abdomen; great uneasiness. After a dose of Puls. 0 became quieter, and went to sleep again comfortably after about 2 hours.

10th.—Awoke with slight headache, which continued during the whole day, and so increased in the afternoon that I was compelled to lie down; continued pain in the breast and very depressing feeling in the abdomen, like an approaching attack of colic; the stomach again aches much; every exertion wearies, especially reading and writing; great longing for rest; good sleep.

11th.—No morbid symptoms any longer noticed.

12th.—Also quite free from all derangement.

VI.—*Proving of Dr. Max Joseph Schloner, of Munich.*

M. J. Schloner, aged 30, has been married 15 months, of sanguine bilious temperament, brown hair, strong healthy constitution, spare build, moderate sensibility. For 14 years past, previously to which time I passed through a severe attack of variola, I have enjoyed from year's end to year's end almost continuous good health, only once or twice I was attacked with a catarrhal affection of the nasal and trachæal mucous membrane. The only note-worthy derangements in the last six years have been, once or twice yearly, slight catarrhal irritation of the pharynx, or a very bearable hemicrania, lasting three or four days, radiating from the supra auricular nerve of right side, and characteristically intermittent.* I can think of no important attak of illness to mention.

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* I ascribe my liability to this to an attack of meningitis which I suffered when a of child 2½ years old, in consequence of a fall upon the head. Annoyance and other psychial derangements, as well as all medicine react some-

I have been accustomed to live during the past six years with great regularity. I enjoy daily in consequence of my calling several hours exercise in the open air, eat with good appetite simple German household food, drink coffee in the mornings and two glasses of beer in the evening, read and work five or six hours daily, and especially rejoice in the comfort of sound sleep. In the afternoon I generally smoke a pipe of tobacco with my coffee, rarely cigars.

During the provings I sometimes omitted the coffee and smoking, but not always; possibly, in consequence, I have sometimes suppressed medicinal symptoms.

1st Proving.

March 5th, 1854.—At 8 A.M., 1 hour after a breakfast of coffee and wheaten bread, 5 drops of the first dilution* were taken, *per se;* the bitter taste lasted ten minutes. After three-quarters-of-an-hour an agreeable tingling in the mouth (as if caused by the carbonic acid of champagne), with an increased discharge of saliva, continues some time; after an hour, slight gastrodynia; after one hour and a quarter, a copious secretion of salt saliva with a peculiar pungent taste, continuing half-an-hour; after an hour and three-quarters, tingling heat round the margin of the tongue, with less saliva however.† At 3 P.M., troublesome pressure deep in the sacrum. During the evening, continuous aching in the symphysis between the sacrum and last lumbar vertebra; increased by standing or walking. (This was formerly noticed twice and considered rheumatic.) At 8 P.M., painful pressure in the right ankle, externally as if from exhaustion. During the night I was awakened repeatedly by the constant pain in the sacrum.

6th.—At 8 A.M., about half-an-hour after the usual break-

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times, though not regularly, in the "*pars minoris resistentiæ,*" although I do not believe that I have any adhesion of the meninges, or other exudatory product; at most, very partial hyperæmia may occasionally occur.

* Being unacquainted with the proper mode of procedure, I at first took material doses.

† I will not venture to decide whether the tingling on the edge of the tongue was produced by the alcohol or the medicine. Comparison with the results of other provings might lead to a settlement of the question.

fast, I took 6 drops in a pint of water. At 9 o'clock, saliva sour and saltish and of pleasant taste; the secretion increased. At 9·15 A.M., a lancinating pain in the right extremity of the transverse colon (only momentary). The same symptoms recurred at 9·30 A.M. At 10·45, colicy pains in the hypogastrium, as if from flatulent distension of the transverse colon. In the afternoon, the pain of yesterday in the sacral region returned; to-day it is better with active than with passive motion (driving), and better when I am up than in bed, only that the warmth of the bed gradually diminished it. During the night quiet sleep.

7th.—At 9·30 A.M., depressed spirits without any cause; the pain in the back, which I now look upon as decidedly rheumatic, has passed more to the right, and into the fibrous tissues of the loins. At 11·30 A.M., spirits revived (reaction); more saliva than in the morning. During the day, two soft stools, though I only usually have one; quiet sleep at night.

8th.—Morning, burning and redness of the eyelids, as in syndesmitis marginalis; catarrhal attack of the nasal and pharyngeal surfaces. At 4 P.M., after drinking coffee, oppression and anxiety in the cardiac region, with a feeling as if a fit were impending: relieved by walking about; soon afterwards a dull headache, seated in the right parietal region; two soft stools in the course of the afternoon, which, in ordinary circumstances never happens.

9th.—An established attack of coryza.

2ND PROVING.

24th.—At 9·15 P.M., after supper, *i. e.* before going to bed, I took 3 drops of the 3rd dilution in a pint of water, feeling myself at the time quite well, and in an easy frame of mind (pulse 70-72). At night, sleep frequently disturbed, otherwise quiet; towards morning slight sweating comes on. On the morning of the 25th, increased secretion of a pleasant flavoured saliva about 8 A.M. At 8·15 A.M., 3 drops in water. The same repeatedly mentioned phenomenon of increased salivary secretion with a pleasant taste.

26th.—At 8·30 A.M., 1 drop in water after a breakfast of bread and milk. In the course of the forenoon, the same symptom of increased saliva is again developed. I observed a follicular inflammation of the gum around the right incisors. At 2·30 P.M., megrim-like pain over the frontal eminence of the right side; dull and heavy and corresponding to a dull pain in the right occipital region; relieved by pressure and cold.

30th.—8 A.M., in good health and cheerful spirits; pulse 70. 3 drops in water; half-an-hour afterwards, bread and milk. During the day, no particular symptoms; dreamt during the night of snakes.

April 1st, 1854.—6·30 A.M., 5 drops with water; half-an-hour afterwards, increased salivary secretion in the mouth; persistently elevated mental irritability with indisposition to work, has existed more or less for several days. At 8·15 A.M., slight gastrodynia.

3RD PROVING.

5th.—At 4 P.M., 5 drops of the 2nd *dilution* in water whilst in perfectly good health (pulse 76); cheerful, sunny weather, and mild temperature. At 6 P.M., dryness in the throat lasting about 2 hours.

6th.—At 3 P.M., 5 drops with water; personal state and atmospheric condition the same as yesterday. At 3·15, lancinating pains, like rheumatism, in the right thoracic wall (momentary). At 4·15, stitches in the chest and loins, especially on a deep inspiration, momentary. Was this the result of medicinal action? In the night, when lying on the left side, fulness and oppression, as from stasis of the blood in the heart, necessitating my turning to the right side.

7th.—At 2·30 P.M., when quite well, I took 6 drops in water; 5 minutes later, stitches with heat in the carpal joint first (flexor surface), then on the same spot of the right joint. At 3·30 P.M., 3 drops alone. At 4 P.M., increased salivary secretion (?); slight pain on the right frontal eminence.

4TH PROVING.

13th.—At 2 P.M., when quite well, and after a dinner of fast-day rations, I took six drops of No. 1 in water. At 2·30

P.M., increased secretion of saliva without any observable unusual taste. At 4·15 P.M., pressure in the intestinal canal, to the left of the umbilicus; compression in the crown of the head; cheerful temper at 5 o'clock; flatulent colic (only temporary).

On the morning of the 14th, great weariness; very unusual cheerfulness.

5TH PROVING.

24th.—In the morning, 5 drops, *per se*, followed by no noticeable symptom.

6TH PROVING.

29th.—3 P.M., in usual condition; took 14 drops in a spoonful of water; restless sleep during the following night.

7TH PROVING.

30th.—3 P.M., 16 drops in water; no special action; disturbed sleep at night, and heavy distressing dreams.

8TH PROVING.

May 1st.—6·15 A.M., when in usual health, 20 drops in water; increased salivary secretion. A quarter-of-an-hour later, momentary pressure in the left, and later, in the right frontal eminence. During the forenoon, much saliva collected in the mouth. At 2·30 P.M., 3 drops alone.

2nd.—Afternoon, at 3 o'clock, quite well. Took 6 drops, undiluted, at 4·30 P.M.; straining and motion in the descending colon. At 8 P.M., lancinating pain in the right temporal muscle (persistent). At night, good sleep and pleasant dreams.

3rd.—At 6 A.M., 6 drops in water. At 10 o'clock, lancinating pain in the right temple (momentary); rumbling and colic in the stomach; calls to copious micturition.

P.S.—On the 26th of May there appeared suddenly, and with burning pain, a small follicular abscess, of the size of a pea, on the junction of the upper-lip with the gum, which threatened to increase, but healed after one dose of Kali bichrom., 3. Ten days later, pityriasis appeared on the inner surface of the left thigh, opposite the scrotum.

I could find no better cause to which I could ascribe these affections than to a secondary action of the medicinal provings.* I was at first inclined to attribute them to infection from a hereditary syphilitic sore on the mucous membrane of the mouth, but was subsequently convinced that, in the first place, I never touched those parts of the mouth or lips with the examining finger; and, secondly, already in the proving on the 16th of March, before I had touched the child, follicular inflammation had appeared, although speedily again disappearing; and that thirdly, the pityriasis would not appear as a result of such infection at the same time; and I had never been troubled with this form of disease.

VII.—*Provings of Dr. Keil in Naumburg.*

Dr. Keil is 35 years of age, unmarried, of bilious, lymphatic temperament, with brown hair; his frame of medium size and compact build, his constitution strong and healthy; general health good; tendency to catarrhal affections, especially of the nose, in connection with which, after a slight chill, a dull, congestive headache frequently appears, increases to a severe throbbing and beating, becomes more severe in the evening, and disappears with the night's rest. His diet is usually very simple, without, however, entirely abstaining from vegetable and made dishes. Usually no coffee or tea, no beer, and but little wine, rarely sour things, and very little pork. Moderate smoking (cigars).

During the provings the diet was non-stimulant, and the eating of pork on the 10th of January an exception. Moderate smoking. The drops were always taken in a half-wineglassful of water.

1ST PROVING.

No effect followed the proving of No. 4, as also none that of No. 2.

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* Probably induced by the repeated large doses which were taken in the latter part of the experiments.

Jan. 9th, 1854.—In the forenoon 3 drops of No. 1 (Tincture), without symptoms. At 9·30 P.M., 6 drops, followed by unusually deep and sound sleep.

10th.—At 7 A.M., 9 drops. Soon afterwards, a passing sensation of pressure in the stomach. 11 A.M., slight dull headache anteriorly; repeated eructations and yawning (to which I am subject) (for dinner, as an exception, pork and potatoes). After dinner, rumbling in the lower part of abdomen as if preceding diarrhœa, to which I am subject.* Towards evening, the headache passes to the back of the head, and becomes dragging in character. During the night, disturbed sleep, with many dreams. Next morning, some remaining dulness in the head, which soon passed off.

19th.—At 9 A.M., took 9 drops. In the afternoon, at 2 o'clock, calls to stool; fleeting pains across the abdomen (which I specially noticed); a semi-fluid evacuation,

27th.—8·30 A.M., 40 drops. For a quarter-of-an-hour in the night, warmth in the stomach; nothing else noticeable.

31st.—9·30 A.M., 40 drops. The Tincture tastes bitter. After half-an-hour, slight pressure in the stomach, passing into the left side of abdomen. An hour later, repeated eructations without taste; a slight bitter taste (never subject to it otherwise). After one hour and a-half, distension of abdomen; feeling of threatened colic with slight griping, which soon gives way to a feeling of hunger; beyond this, nothing noteworthy on the following day.

March 11th.—On the whole, I have noticed nothing beyond the above mentioned, either in relation to the circulation, uropoietic or genital organs, general vigour, &c.. The provings were repeatedly interrupted by attacks of colds. No traces of after effects.†

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* The abdomen is, however, not my weakest point; my digestion is good, and I have never bitter taste in the mouth.

† A very scanty result therefore, as Dr. K. himself called it, but undertaken with interest and diligence, and accurately detailed, we find here that, with a subject but little susceptible and also inexperienced in proving (the second proving furnishes more details) that dilutions had no manifest effect, and that with the tincture, repeated doses were necessary to develop more symptoms. Only after such repetitions was the head attacked, and

2ND PROVING.

16th.—Diet, at 6·30 A.M., cocoa, followed by a breakfast of bread and butter. Dinner, beef and potatoes. Evening, bread and butter. 3·30 A.M., 4 drops in 2 tablespoonfuls of water; slight lancinating pain in the right hypochondrium, lasting for one minute; soon afterwards, a pricking, yawning pain in the great toe of the right foot, soon passing off. No further symptoms.

18th.—Diet, breakfast and supper as on the 16th. Noon, peas and salt-beef. At 5 P.M., 6 drops in 2 tablespoonfuls of water. Slight distension in the epigastrium, passing after 10 minutes to the right hypochondrium; soon afterwards, a single tasteless flatulent eructation. After three-quarters-of-an-hour, a feeling as if wind were accumulating in the intestines; a slight bitter taste arises in the mouth. At 10 P.M., 6 drops in water. Towards morning, excited dreams with erections; a dragging pain in the loins on waking, but soon disappearing.

19th.—Diet in the morning, cocoa, followed by bread and butter. Dinner, cocoa-soup, roast veal, and stewed apples; 1 glass of wine. In the evening, some cold veal. A 4 P.M., took 6 drops in water. In the forenoon, faintness and feebleness, and weakness in the abdomen, passing, towards noon, into a feeling of hunger. After 8 hours, suddenly a pricking, gnawing pain in the left buttock, extending to the centre, and lasting half-a-minute.

20th.—Diet, breakfast as on the 16th; noon, veal and barley-broth; in the afternoon, a cup of milk; evening, bread and butter. At 8·15 A.M., 12 drops in water; no symptoms 4·45 P.M., 12 drops in water. Towards 5 o'clock, slight pulsation sensations in the rectum. 6 P.M., 12 drops; the tongue feels spongy; begins to get coated; a constant dragging pain in abdomen, as if colic was threatening; an insufficient evacuation in the evening, although I felt strongly the necessity for it. 10 P.M., 12 drops taken; frightful dreams; erection during the night.

besides that only the abdomen; chest and limbs, as also the organs of generation and the senses were unaffected. The doses were moreover in part too large to excite special actions, and Nature seemed to have thrown off the general strong impression by a severe cold.—(Dr. Ha.).

21st.—Diet, dinner, veal and potatoes; otherwise, as on the 16th. At 5·30 A.M., I took 12 drops. At 7, I felt slight pricking in the epigastrium; slight burning in the abdomen, below the umbilicus, with some heavy pain towards the loins (at 4 P.M.), calls to stool but the evacuations insufficient; eructations; frequent expectoration of small quantities of mucous (in the afternoon also). Towards evening, took 12 drops; lancinating pains in the left lower jaw, sudden and quickly disappearing; pain in the left side of the abdomen, as if from obstructed wind; on pressure, the spot is slightly more sensitive than normal. At 10 P.M., 20 drops.

22nd.—In the night at 2 o'clock I was awakened from sleep by painful tympanitis; distension of the abdomen; congestion of the head, without headache; heat of surface followed by sweating; rapid pulse. I soon fell asleep again: amourous dreams without seminal emission; frequent micturition; urine dark yellow, somewhat more copious than usual. At 6 o'clock slight dizziness remaining in the head; cardiac apex-beat almost imperceptible, but very distinct abdominal pulsation; tongue coated slightly; spongy; a pasty taste and great hunger; feeling of weight in the loins, accompanied by a feeling of obstruction in the rectum. Occasional darting pains in the head; heaviness about the eyes, as if I had not had a thorough sleep; conjunctiva injected; yawning; weariness; indisposition to work; stretching.

Diet.—Breakfast as before. Dinner, veal cutlets and spinach. Evening, roast beef and a half bottle of wine; in the forenoon, also, a glass of wine, which I was compelled to take at a feast.

At 9 A.M., 20 drops. At 4 P.M., warmth in the rectum; one insufficient evacution.

23rd.—Diet. Breakfast as before. Noon, beef with potato salad. In the evening, beer-soup with bread and butter. No dose taken. In the morning a moderate stool, nevertheless continued weight and fulness in the abdomen; pulse accelerated; a feeling, as it were, of boiling blood; towards evening the urine muddy with mucus.

24th.—Diet. Dinner, eggs and potato soup. At 8·30 A.M., 20 drops in half a wine-glassful of water; the bitter taste of the medicine was more distinct to-day. At 11 A.M., 20 drops. At 2·30 P.M., fleeting, lancinating pains in the great toe of left foot. In the evening, at half-past five o'clock, I took 20 drops. Towards 6 o'clock, fulness in the chest and abdominal pulsation again appeared; the pulsation of the vessels in the neck is also plainer; pulse moderately quick: these sensations are particularly noticeable when sitting still. A little later, burning and gnawing in the epigastrium. Towards 10 P.M., tickling in the *fossa navicularis* after micturition. I had previously drunk copiously.

25th.—In the morning, early, bruised feeling in the loins; night's rest disturbed by confused dreams. During the forenoon repeated yawning.

Diet. At dinner, potato dumplings and stewed plums, otherwise as formerly. Nothing taken.

26th.—No symptoms; nothing administered. No symptoms whatever returned after the 25th.

OBSERVATIONS.

1. All the symptoms appeared only fleetingly, and soon passed off again.

2. The headache mentioned in the previous proving may not have arisen from the administration of the drug, as nothing of the sort appeared in this proving, except once slight shooting pains in the cranium.*

3. The drug appears to affect the mucous membrane of the intestinal canal, of the bladder, and of the trachea, as also the circulatory system, especially that part distributed to the pelvis, as indicated by the pains in the loins and the erections.

3RD PROVING.

April 14th.—After writing the above I determined to make one more proving with larger doses, partly to see how they would act, and partly to correct my former observations. I therefore lately took all that remained of my previous supply of tincture in one dose, consisting of 78 drops: this was at 7 A.M. The diet continued as before. Dinner consisted of omelets prepared plain, and baked apples. I observed the following symptoms: one hour after administration, lancinating pains in the head, principally in the fore part, near the coronal suture; perceptible pulsations in the head; pulse accelerated; rumbling in the abdomen; shooting pains in the left thumb (at the end of an hour and a half); heat and dryness in the mouth; repeated yawning; after five hours, temporary prickings in the right shoulder; a pricking pain below the left jaw, and returning after four hours; after four hours and a half, tensive feeling over the hypochondrium. After dinner a somewhat soft stool, with wind, and followed by the passage of offensive wind; shooting pains in the left ear, lasting a few minutes (after seven hours.) In the afternoon, increased pulsation in the carotids, and pulsation in the head; slight tightness across the chest, with a desire for deep respiration; during the afternoon, dryness in the mouth and thirst; at the end of eleven hours, a feeling of warmth in the sacral region, extending to the rectum, and darting pains under the left clavicle.

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* Different provings of one and the same drug sometimes cause quite different symptoms in the same experimenter. (Dr. Ha.)

I suffered from no further symptoms; the appetite was particularly good, in fact appeared increased; the sleep was good on the following night, and I noticed nothing noteworthy the next morning.

I rejoiced to find that the symptoms produced resembled the previous series so closely; and this proving has demonstrated to me that, in my own case at any rate, it is better to take smaller doses at stated intervals.

VIII.—*Provings of Dr. Rückert, in Herrenhut.*

1. Dr. Rückert is 51 years of age, of bilio-sanguine temperament, of feeble constitution, very liable to pulmonary congestion up to 40 years of age, as also to pains in the chest and to colds. After depressing emotions he is very liable to indigestion, pains in the abdomen, loss of spirits (which are otherwise high), and despondency.

In the Summer of 1852 he had hooping cough for the second time in his life, since which he has been troubled with some remains of cough, especially in the morning or after smoking; in the early morning the cough is harsh and deep—after smoking shorter; in the morning, clear mucous expectoration; frequently shooting pains in the chest.

December 1st, 1852.—In the morning I took, fasting, eight drops of Colch. $^1/_{10}$ (of the essence) in water. During the day no changes. At night a similar dose.

2nd.—In the morning a feeling of pulsation in the chest and abdomen like an increased flow of blood towards the chest. Several times during the day, but particularly during the evening, after eating, a feeling of rumbling in the chest, and a peculiar sensation of commotion there, as of something alive. In the afternoon, cold feet and shivering.

3rd. This morning less cough than I have had for some time past; less mucous expectoration than usual; the rumbling in the chest returns; pain in the chest during the whole day, but less cough; the pain less with respiration—is like a slight working in it.

4th.—I have passed a good night. Little or no cough, which was not previously the case; no pain in the chest; heavy pain in the head in the afternoon, after a walk, and after dinner, dissipated by a nap.

5th.—To-day, frequent slight cough, with moist expectoration; frequent lancinating pains in the chest, here and there, sensitive to the touch, piercing and continuous, but not affecting respiration; stomach feels disordered, without any exciting cause; frequent eructations, with a taste as of decomposing food; after long sitting a pain extending from the chest to the shoulder blades.

6th and 7th.—Alternations of pain in the chest continue as on the previous days, but little or no cough; recovering as it were from slight bronchitis.

20th.—The remains of the hooping cough have entirely disappeared; the above-mentioned pains in the chest returned almost daily, especially after smoking.

2ND PROVING.

E. R., a girl aged 20, tall, with dark hair and ruddy cheeks;

periods at intervals of five weeks usually, and the flow not abundant; has suffered several years from chronic conjunctival irritation in both eyes.

November 11th, 1852.—In the morning, four drops of Colchicum 1/10 in water: no change.

27th.—Four drops in the morning. At 11 A.M., pains in the teeth on the right side, and at 3 o'clock pains in the left ear, passing off again.

28th.—In the morning eight drops. Towards noon flushed countenance, and immediately after dinner headache above the left eye, relieved in the open air, but, in the room, persistently troublesome. Towards evening a very oppressive pain over the eye, with desire to shut the eye and press the forehead; it lasts throughout the evening, increases at bedtime, and is accompanied by nausea.

29th.—In the early morning, whilst in bed, severe pain in the stomach immediately after waking, with rumbling in the intestines; soon afterwards, a short attack of diarrhœa.

30th.—Eight drops in the morning. Well throughout the day; during the evening severe pains in the ears, and after a cold supper intense heat in the right cheek and eye; with icy-cold feet. Eight drops in the evening. Good sleep.

December 1st.—On awaking the same abdominal pain and great heat of face. Eight drops taken. Rumbling in the intestines and slight diarrhœa in the afternoon; countenance much flushed, but with warm feet. In the evening eight drops taken.

2nd.—Eight drops in the morning. In the forenoon a healthy stool. On the 29th ult. the lips had chapped, although the weather was not very cold, which is very unusual with me. On the 1st inst. they were much cracked, and so bad to-day that I could scarcely move them; by repeated tearing off of the hard skin which had peeled off, the lower lip became very painful.

3rd. In the morning, the same abdominal pain, and diarrhœa; four motions; pains lasting all day. In the forenoon and evening pain behind the left ear, as if the glands were swollen.

4th.—Pain in the abdomen on awaking, followed by diarrhœa; the lips still painful, and very brittle; the skin of the lower lip cracks on the least motion of the mouth.

5th.—Pain in abdomen and diarrhœa, immediately after rising, but not during the day.

6th.—The same, as also on the 7th and 8th, only that I had only one motion daily.

20th.—The abdominal pain continued for several days with a low and careful diet; but the formerly habitual sluggish stool became for some time regular; the period returned a few days within the five weeks.

3RD PROVING.

E. R., as above. Nov. 3rd and 4th.—Colch. 12, two or three drops without any effect.

Nov. 6th, 8 drops. On going to bed considerable palpitation, such as was never before felt.

IX.—*Provings of Dr. Teichmann.*

Moritz Teichmann, 36 years of age, of spare build, has lived for the last seven years as a physician in the country, on a plain, if not quite regular, fare, and by constant exercise in the open air during all weather has been considerably hardened against the inclemency of the latter. I have, on the whole, always been well; for though I have formerly suffered from bleeding hæmorrhoids, I have had no other complaint, except that in Spring I suffered for several years from boils. In the last year, however, I have been more frequently troubled with hæmorrhoidal symptoms, and especially by a troublesome itching and humidity of the piles, and by occasional hæmorrhages from the rectum. In the autumn of last year a peculiar eruption appeared on the skin, whilst the itching in the anus ceased; the eruption consisted of a pea-like pustule, which on further development became surrounded by a highly inflammatory zone, and was very painful. After five or six days, as the pustule opened, a core appeared, as in a simple boil. This eruption lasted for many weeks on the lower extremities, but only a few of the pustules attained their full development as above described. As the eruption ceased at the close of last year, the above-mentioned hæmorrhoidal symptoms returned, and still continue. Lately, however, a boil has again formed on the buttock, and a pustule has appeared on the thigh.

I have not been able to follow any special diet during the provings, as I seldom dine at home; at home I never drink coffee, but often when out, especially of an afternoon; acids are avoided.

Jan. 20th, 1854—At 9 A.M., 2 drops of No. 3, taken in a half tablespoonful of water. No symptoms observed after it.

Feb. 28th.—At 7·30 A.M., 3 drops of No. 3, in a teaspoonful of water.

March 1st.—Whilst riding, pain in the preputial covering of the glans penis, which was slightly inflamed and swollen.

2nd.—7·30 A.M, 7 drops of No. 3 in a teaspoonful of water. The preputial inflammation and swelling had disappeared, as also the scalding pain, with micturition, which I experienced once yesterday; the prepuce still itches occasionally; (I have often had the same pathological appearance in the part).

3rd.—Towards noon I had a painful feeling in the left arm, just above the elbow joint, which towards the afternoon increased to a severe pain; on moving the arm at the shoulder-joint, and especially when raising it, so that I could not get on my own coat; when quiet, I felt nothing, and was quite free during the night, and slept well.

4th.—Morning, the pain in the muscles of the upper arm is less, so that I was able to put on my coat without help.

5th.—The pains in the arm are gone.

7th.—10 A.M., 5 drops of No. 2 in a tablespoonful of water. No results.

11th.—10·30 P.M., 5 drops of No 1 on sugar.

14th.—In the forenoon, for a couple of hours, great itching on the glans penis around the urethral orifice, which was congested, and for some distance around. The itching had disappeared in the afternoon.

15th.—7 A.M., 7 drops of No. 1 in a teaspoonful of water. In the evening, after smoking a cigar and drinking four cups of coffee, I felt nausea and dizziness, but recovered afterwards. (I have often felt these symptoms after smoking).

16th.—I awoke in the morning at 5·30, with weight and discomfort over the transverse colon; I fell asleep again after half an hour; the pain had not quite disappeared, but was much less when I got up; this I never experienced before after being upset by cigar smoking. Appetite and digestion were otherwise undisturbed. Next day I was again quite well.

24th.—5 A.M. having taken the night before a hearty supper of haddock, I awoke at this hour with an uncomfortable painful sensation in the abdomen, which was diminished by rubbing with the palm of the hand, which induced odourless eructations and the passage of wind; during a walk of some hours I had a painful sensation in the right knee-joint, stretching to the calf.

25th.—The pain in the knee is less, but in the left palm, and especially between the third and fourth fingers, I have a pain on motion, especially on flexion; the pain in the calf has entirely disappeared, as did also a few days later the aching in the palm.

X.—*Provings of Dr. Bürkner in Dessau.*

July 23rd, 1854.—Having been for some time quite well, and believing that I should remain free for a time from my hæmorrhoidal complaints, I took on the 30th of May, for the first time, a few drops of No. 1, which had been sent to me for experiment. To my astonishment I soon remarked some symptoms which I could not ascribe to my usual complaint, as I was *unused* to them. So far as this was the case I have, in the following notes, underlined them. On the following day I took five drops; on the 2nd of June I had intended to intermit the dose, repeat the five drops on the following day, and then again increase them; but finding that on this day symptoms still remained, I desisted from any repetition of the dose. In spite of this the complications increased, and on the 4th of June a regular attack of digestive and hæmorrhoidal derangement was developed, such as often occurs in me. This attack, however, continued a shorter time than it usually does,* and I could have taken a dose again in four or five days, but I wished to avoid any further irritation, as I had a short journey in anticipation. Since that time I have not again had an opportunity for experiment.

Are these symptoms of the 30th of May and 1st of June the results of medicinal action, and did this induce the attack of the 4th of June, or had the last commenced on the 30th May and 1st of June, and equally likely to have appeared if the drug had not been taken? These are questions which this experiment leaves in my mind unanswered.†

30th.—At 7·30 A.M., 3 drops of No. 1 in water; a sensation as of *gnawing hunger* in the stomach, after a quarter of an hour almost ceasing; recurring frequently, and lasting longer; slight rumbling in the abdomen; *slight, heavy coronal headache.*

June 1st.—7·30 A.M, 5 drops in water; after half an hour uneasiness in the abdomen, and *constricting feeling over the eyes;* nauseous bitter taste; *indications of faceache* or *earache around the right jaw; obstructions in the back of the throat, as if from commencing uvular irritation, coming on after two hours,* and still persisting after dinner; great dryness in the throat; *slight difficulty of swallowing persistent.* In the evening a dull pain in the stomach (on walking); discomfort in the abdomen; tightness of the chest from walking; heaviness in the feet from the leg downwards; stool not firmer, but rather more sluggish than usual.

2nd.—Nothing taken. Several times during the day a feeling of fulness; weight and tightness in the stomach (especially when walking); obstruction and feeling of fulness in the rectum. In the evening a hard evacuation.

3rd.—Nothing taken. Gastric symptoms; fulness, as if sensitive to the weight of the clothes; fulness and tightness of the chest; very fretful and irritable temper; headache, dull, *slightly swimming, and principally to the right of the crown; indications of pain in the eye towards the right temple.*

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* Medicinal effects often show this shortened course, when there are similar symptoms to what the prover is liable.

† It is more than probable that Colchicum was the exciting cause, but such habitual symptoms are only to be traced generally. Symptoms quite new to the experimenter are, on the other hand, useful, with all their relations and consequences.

4th.—Nothing taken. An attack of indigestion and hæmorrhoidal symptoms, with belching; dryness of mouth; bitter taste; low spirits; fulness of abdomen, etc.

XI.—*Provings of Dr. Fegerl, in Hainfeld, Lower Austria.*

Dr. F., who is about 40 years of age, noticed, after the dilutions, the following: nausea; pain in the loins; increased appetite. After eight drops pulse rose from 60 to 70; eructations; gastric pains; shooting pains in the cardiac region; chilliness; coldness in the scalp; lancinating pain in the sacral and coccygeal regions; vomiting; painful gnawing pain in the left temple; stitches in the heart and right breast; spasms of the stomach; great appetite. After ten drops, symptoms similar to the above.

XII.—*Provings of Dr. Böhler, in Plauen.*

Dr. Böhler writes on April 10th, 1854: I had just commenced a proving in January last, when I was overwhelmed with work, and the results were therefore very scanty; yet I could not forbear to tell you that I found, both in myself and in several members of my family, though we all are but little sensitive to medicine, that after almost every dose of No. 3 (three drops), as also afterwards with No. 2, there occurred one or two loose, almost fluid stools, to which we are not at all prone. The drops were taken in the evening, an hour before bed-time. After three drops of No. 2 (in the evening) there occurred in half an hour rough dryness in the throat, and tickling cough (with a tendency to catarrh); slight achings in the upper jaw on the right side, and towards the orbital margin, which soon passed off, and alternated with the irritation in the throat (I am not at all liable to toothache); Sleep was undisturbed. Next morning, after the usual stool, two cups of coffee were followed by another semi-fluid evacuation; half an hour after dinner, yawning and rumbling in the abdomen (I am usually much troubled with wind), followed by a copious evacuation, which is very unusual with me. After six drops of No. 2 taken at night, there occurred immediately a tingling sensation in the tongue and in the throat (I believe that at this time I had caught a slight catarrh by exposure to cold); this did not last long; sleep undisturbed, In the morning yawning, rumbling in the intestines; (coffee), then a soft evacuation, and after half an hour another still softer (very unusual).

(A host of symptoms; muscular pains of the most severe and various kinds in the legs and abdomen principally; less in the chest, arms and back; this I omit to mention, as I attribute them to a long and unconnected ride of five hours rather than to any medicinal action; they troubled me for nearly eight days). At 1 P.M., one somewhat soft evacuation (quite unusual). In the afternoon, between three and four o'clock, repeated flushings; the body feels relaxed, bruised and shaken (this I ascribe to the ride); slight pinchings, as if wind or diarrhœa were about to to set in.*

XIII.—*Provings of Dr. Sybel, in Aschersleben.*

Dr. Sybel writes on April 1st, 1854: Although the results of my investigation are only negative, I will send you a report. At the commencement I took five drops of No. 3 in the morning; waited three days without any results, and then took five drops more. As these also produced no disturbance after the lapse of several days, I took a dose daily once, and afterwards several times; nevertheless I could detect nothing, putting aside a severe headache and catarrh, which I ascribed to a chill.

Afterwards I began with the 1st dilution ($^1/_{10}$ prepared by myself from No. 1); with this also no results were obtained, although I proceeded as I had done with No 3; I consequently soon took to No. 1; took, to commence with, three drops every third day, then every day; then five drops, then ten, and so on, until I took finally twenty drops thrice daily, always with the same results. I felt no modification in my state of health.

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* In this proving, then, diarrhœa, rumbling and pinching in the belly are repeatedly noticed, as also tingling dryness in the tongue and throat; moreover, a tickling cough, pains in the cheek, repeated flushings, yawnings. With regard to the influence of the supposed cold and the unusual ride, it is to be noticed that such influences often have not been in existence (but the necessary accuracy makes us doubtful), and they often only become active through the influence of the drug.—(Ha.)

At the commencement I carefully avoided all forbidden articles, especially coffee and acids. With No 1, however, I was less careful with the diet, etc.

CLINICAL LECTURE ON SYPHILIS.

By A. Henriques, M.R.C.S.

Before commencing with the cases of syphilis, I have selected for this Lecture, I shall offer some general remarks on this most pernicious and world-spread scourge of the human race.

The origin of this affection is unknown, and the only precise information that we have on the subject is, that it was brought into Spain by the crew of Christopher Columbus, who no doubt received it from the natives of the new continent, and that it was subsequently propagated throughout Europe by the French army at the siege of Naples, in the 15th century, whence it has been, till now, alternately denominated the Spanish, French and Italian disease.

But notwithstanding that it was not till the terrible epidemic of the 15th century that the attention of the profession was especially aroused to this affection, I feel convinced, from the nature and character of syphilis, that it must have existed in all parts of the world, from the remotest period of antiquity. In the absence, however, of all positive documentary evidence, this question must ever remain an enigma in the history of medicine. But let its origin be what it may, this much is certain, that syphilis is essentially a contagious, complex and polymorphous disease, the etiology of which is always a special deleterious principle called the venereal virus, or according to the phraseology of our modern school, the syphilitic miasma. In what consists the essential element of this virus or miasma it is not possible, in the actual state of medical science, to determine; all that we do know about it is, that it is an extremely subtle agent, which like all other miasmata, is propagated by contagion or inoculation; that it invades more particularly the mucous and serous membranes, the bones, periosteum and glands, and that it produces always certain series of effects of a specific nature. Although the genito-urinary organs are commonly the primary seat of syphilis, nevertheless the virus may invade all parts of the economy; and according to the tissue it attacks principally, and the period of its invasion, so will the outward signs by which it reveals its presence in the interior of the economy vary likewise. In conformity with this fact, the effects of syphilis have been divided into two classes; viz. the primary, local or acute; and the secondary, consecutive or constitutional. The former are said to be the result of a recent infection, and the latter are considered as the subsequent development, or remote effects of the primary symptoms, occurring either from neglect, inefficient or injudicious treatment.

The first class comprises gonorrhœa, chancres, bubo, warts and condylomata; the second class consists of a great variety of cutaneous exanthemata, inflammation and ulceration of the throat, nose, feet, anus and sexual organs, osteoscope, ostitis, periostitis, exostosis, necrosis, caries and iritis. But as the whole organism is invaded at the moment that infection takes place, it is evident that there cannot be any essential difference between primary and secondary syphilis, and that consequently the above classification must be erroneous and arbitrary in theory and injurious in practice. It is, however, on account of this arbitrary division that very many of the practitioners of the old school consider the primary symptoms of syphilis as local, hence their practice consists in arresting at once the gonorrhœal discharge by the intemperate use of all sorts of stimulating and astringent injections, such as nitrate of silver, lead, camphor, alum, copper and zinc, and to destroy the chancres, warts or condylomata by cauterisation or other local appliances. These practices are justly repudiated by the

Hahnemannic school, which considers syphilis, in all its varied forms, as essentially a constitutional affection, that must always be treated internally by pharmacodynamic agents appropriately selected in accordance with the special symptoms and conditions of every individual case. It is true that the infection of syphilis, like all other miasmatic diseases, occurs instantaneously at the place of contact; but there is no doubt that it is immediately communicated to the whole organism, which generally requires five, seven, or more days to engraft upon itself the syphilitic virus, before the local symptoms make their appearance. It is only till this internal development is completed that the vital force then reacting against the morbific influence, seeks to establish at the place which had been first infected, a vicarious manifestation of the internal disease; hence you will readily understand if the chancre or gonorrhœa be destroyed by cauterization or dessication, the phenomena of secondary syphilitic disease will soon make their appearance in the shape of exanthemata, ulcerated throat or exostosis, and consequently how injudicious and dangerous must be the mere local destruction of syphilis, according to the common practice of the old school.

Hahnemann remarks, with respect to the local treatment of this affection, even when the specific remedy is administered internally at the same time: "It might indeed seem," says he, "as though the cure of such diseases would be hastened by employing the medical substance, which is known to be truly homœopathic, to the whole symptoms *collectively*, not only *internally* but *externally*, because the action of a medicine applied to the very seat of the local affection might effect a rapid change in it." "This treatment, however, is quite inadmissible, because," says he, "by such a local application the chief symptom, that is, the local affection, will usually be annihilated sooner than the internal disease, and we shall now be deceived by the semblance of a perfect *cure*, or at least it will be difficult, and in some cases impossible to determine, from the premature disappearance of the local symptom, if the general disease is destroyed by the simultaneous employment of the internal medicine."

Reason and experience compel us to agree with Hahnemann in the opinion that syphilis ought never to be considered as a purely local affection, and that we should always combat the disease in the interior of the organism; but I cannot assent to the absolute rule he seeks to establish with respect to the use of topical applications.

Life may be compared to the circumference of a circle, which has neither beginning nor end; and there is such an intimate correlation and harmony existing between all parts of the body, that it is impossible to affect a single part without also modifying the whole economy, and it is by virtue of this law of vital dynamism, that remedies administered internally are capable of propagating their action from the centre to the periphery of the body, or from the inner to the outer parts; if this be true then, as all physiologists affirm, there is no reason why, *vice versâ*, medicines administered to the external surface shall not exercise their beneficent effects equally on the internal morbid condition of the economy. What reason, *à priori*, establishes and recommends, experience also confirms, for in very many cases you will greatly accelerate the cure of syphilis by administering the appropriate remedy, both internally and externally, at the same time, or in alternation; and I verily believe, as far as my experience goes, without the slightest detriment to the patient. Let it not, however, be understood that I advise you to adopt this practice as a general rule, it is only in such exceptional cases, as you will learn from clinical observations, that I recommend it, because in the majority of instances it is superfluous.

A fundamental question necessarily arises from an attentive consideration of the complex and multiform outward manifestations of the venereal disease; viz. is it one identical virus that produces all the primary and secondary symptoms of syphilis? or are there distinct and specific miasmata for gonorrhœa, chancre and sycosis? The opinion of the profession is much divided upon this very important subject. Hahnemann, in common with most pathologists of the old school, taught that there was a different virus for each of the primitive forms of the venereal disease. But in reviewing all the experiments, facts and arguments adduced by ancient and modern authors in support of the opposite opinion, I must confess that my convictions incline me rather to the belief of the etiological unity and identity of all syphilitic affections, whether of a gonorrhœal, chancrous or sycosic character.

The most convincing evidences in proof of my opinion are the following facts, which have been long since observed by some of the most distinguished authors, and which the daily experince of every practitioner will enable him to verify.

1st. The coexistence of all the forms of syphilis in one individual.

2nd. The indiscriminate communication of all its forms by one and the same individual to different persons.

Thus, according to Hunter, the pus of chancre can produce gonorrhœa, and reciprocally the pus of gonorrhœa may cause chancres.

Lagneau has seen the same man affected with gonorrhœa, give to different women both chancres and gonorrhœa.

Vigorous relates that six young men successively cohabited with the same woman; that two had *chancres* and *buboes*, two were affected with *gonorrhœa* alone, and the two others had each a single *bubo*.

Hennen relates a similar case in which three men had connexion successively during the space of an hour with the same woman; one was quite free from all infection, another had chancres and warts, and the third had a simple gonorrhœal discharge.

Thus, then, it would appear certain, from the foregoing incontestible authorities and incontrovertible facts, that it is one identical syphilitic virus that produces gonorrhœa, bubo, chancre and sycosis. I am well aware that this conclusion may be controverted, but as the limits of this lecture will not allow me to discuss the matter as fully as I should desire, I must now content myself with simply announcing the foregoing results of my experience and meditations on this very important topic.

It is familiar knowledge that syphilis, when neglected, injudiciously treated or incompletely cured, may not only last during a man's life, but that it is likewise transmissible by parents to their offspring. Children who are unhappily born under such circumstances are generally affected with the secondary symptoms, but should the mother have gonorrhœa, chancre or bubo at the time of parturition, the child in its passage through the vagina may become infected with primary syphilitic symptoms; it behoves us, therefore, to bear in mind this fact, and when attending such a case, to adopt promptly those means that are likely to prevent the inoculation of the infants. We will frequently succeed to accomplish this object,

1st. By cauterizing, superficially, the chancres at the time of parturition.

2nd. By lubricating constantly, during the transit of the fœtus, the vaginal canal with a quantity of oil, grease or other unctuous substances,

3rd. By carefully washing all parts of the infant immediately after its birth, more particularly the natural outlets, such as the anus, eyes, nose, etc.

4th. For eight or ten days after its birth the infant should be minutely examined every day, in order to detect the first traces of disease.

Death from a recent infection of syphilis is an extremely rare occurrence in our days, but it is a fruitful source of innumerable chronic and incurable diseases. The primary forms of syphilis, if there be no complication, are usually cured in two months when judiciously treated, but if the secondary symptoms are so variable in their march, they become sometimes so complicated with other affections, and they frequently prove themselves so rebellious against every method of treatment, as to baffle all calculations with respect to their duration. In all cases we must be very guarded in the prognosis; for you will find in practice that of all diseases, syphilis is one of the most difficult and often the most unsatisfactory to treat.

It follows as a natural consequence to our previous remarks, the venereal disease being considered in the homœopathic school as essentially a constitutional affection, that the basis of our treatment must therefore be directed, in the first instance, to the cure of the general affection by means of internal remedies. Before I commence, however, the relative value of the several therapeutic agents especially recommended and universally adopted, allow me to impress upon your mind the very great necessity of combining with your remedial means, a most strict hygienic plan. Without *absolute rest,* extreme *cleanliness* and suitable regimen, all the remedies most judiciously selected will frequently fail to cure, whilst on the contrary I have seen mild attacks of syphilis get well by the sole observance of these hygienic measures.

If consulted at the commencement, the recumbent posture must be strictly enjoined; the *genital parts* must be *washed* every two hours with plain tepid water; a tepid bath is to be taken daily, and a milk or farinaceous diet must be adopted till the acute inflammatory symptoms have quite subsided. It is in consequence of not attending to these apparently minor considerations, at the outset, that the cure of a great many syphilitic affections is retarded, so that the disease so frequently relapses into a rebellious chronic state.

There are no specifics in the sense of an antidote to the venereal virus, such as many believe Mercury to be. All medicinal substances cure every disease whatsoever, in virtue of their special affinity for a particular part of the organism, and according to the homœopathic laws of harmony. In the treatment of the venereal disease, we must, therefore, distinguish four primary varieties, and select the remedy suitable to the individual case of each variety conformably to the general precepts of Hahnemann's *Organon.*

The most common variety of syphilis is gonorrhœa. I do not recognise the distinction, professed by Hahnemann, between pure syphilitic and sycosic gonorrhœa, as in my conception gonorrhœa is always a venereal affection, arising from one identical deleterious principle, and producing always a special inflammatory action of the mucous membrane, which is followed by the secretion of a contagious muco-purulent discharge, generally from the genito-urinary organs, but in some special cases from the *anus, conjunctiva, ears,* and *nostrils* likewise.

The first indication to fulfil in the treatment of gonorrhœa is to subdue the inflammatory action. When a patient comes for advice from the first to the sixth days of infection, you will generally succeed in cutting short the first stage, and you will modify very much the character and quantity of the subsequent secretion by Cantharis, of which one drop of the 3rd dilution should be administered daily, till a perceptible diminution of the inflammatory symptoms follows.

Belladonna, Cannabis, and Petroselinum may be found very useful, and in many cases preferable to Cantharis. A careful analysis of the *symptomatic* indications will enable us to make our selection.

The inflammatory symptoms having been subdued, the cure may frequently be effected by *mercurius, sepia,* or *sulphur,* in the space of 30 to 40 days; should the disease go beyond this period and become chronic, or secondary gonorrhœa, in spite of the above means, Lycopodium, Nitric acid, Mezereum, Petroleum, and Thuja, will be found useful in the latter cases. Gonorrhœa is frequently complicated with some other chronic affection, the nature of which we must first ascertain, otherwise it will be impossible to cure it.

The second variety of syphilis is the chancre, or primary venereal ulcer; the most efficacious remedy as yet known against primary chancre undoubtedly Mercurius, under whatsoever form it presents itself, and how much soever complicated, Mercury is always the first remedy to be administered. It is true that it does not always succeed, nay, more, that it sometimes proves positively injurious, but as we have not always the means of ascertaining this fact *à priori*, our general method of treating recent *chancre,* in the acute stage, is to administer daily one grain of Mercurius solubilis, 3rd trituration. If the remedy is contra-indicated, the experienced practitioner will not fail to discover it after four or five days, by the increasing unhealthy appearance of the ulcers.

Mercury is useful in curing syphilis on account of its special action on the muco-cutaneous and glandular systems, the primitive seats of this disease. It is contra-indicated whenever the patient has recently taken it in large doses, according to the allopathic method; nor should it be given without great caution to persons of highly nervous temperaments and hypersensitive conditions.

There is a peculiarity, long since observed by practitioners of the old school, relative to the effects of the different preparations of Mercury, to the truth of which my experience in homœopathic practice fully testifies, and which claims our special consideration on account of its practical importance, it is that one preparation will fail to produce any effect on the disease, or it may even aggravate it, whilst another will prove highly beneficial—hence, *cinnabaris* will sometimes produce beneficial results, where Mercurius corrosivus, or Solubilis will fail, and *vice versâ.*

Next to Mercury, you will find Nitric acid and Aurum most efficient remedies against the acute state of chancres.

When the disease passes from the *acute* to the *chronic* state, besides the remedies previously indicated, Iodium, Hydriod. of potass, Lachesis, Guaco, Lycopodium, and Sulphur, will be found useful.

The third variety of the syphilitic infection is the bubo, or inflammation of the subcutaneous glands of the inguinal regions principally. The bubo seldom exists alone; it commonly appears with one or more of the other forms of syphilis, whether simple or complex. The treatment of buboes is similar to that of chancres and therefore it requires no particular mention.

The fourth and last variety of syphilis is the figwart excrescences, or condylomata (known in the homœopathic school as sycosis). Hahnemann considers it a disease *sui generis,* which Mercury aggravates, *unless complicated with syphilis.* He indicates Thuja and Nitric acid as the most appropriate remedies. I must certainly bear testimony to the great efficacy of *thuja* and *nitric acid* in sycosic excrescences; but it is a pure assumption of Hahnemann when he states that sycosis is a disease *sui generis*, and that Mercury is only useful when it is complicated with sycosis. I frequently apply a lotion of Thuja, or Nitric acid, to the affected parts, at the same time the patient is taking them internally. It is not always required; but to patients with *little medicinal susceptibility*, there is no inconvenience in applying topically the same remedy you are administering internally. Besides Mercury, Cinnab., Nitric acid, and Thuja, it is said that Cannabis, Euphrasia, Lycopodium, Phosphoric acid, Sabina, and Staphisagria have been found useful; but of these I have no experience, having always found Mercurius, Thuja, and Nitric acid, with an occasional dose of Sulphur, sufficiently efficacious.

Having now completed the few general remarks I had to make, I shall proceed with the clinical cases I have selected, in illustration of the homœopathic practice of syphilis.

The first case I shall relate is that of Victoria Bailey.

1st Case.

Victoria Bailey, 38 years of age, a widow, pale face, phlegmatic temperament, diseased aspect (and who occupied bed No. 4 in F ward), was admitted as in-patient Jan. 17th. She states that she always enjoyed good health till 15 years ago, when she had an attack of influenza, from which time she has never felt perfectly well. She married five years since, had two miscarriages, and has suffered very much from a constant desire to make water, accompanied with bearing down pains in the sacral organs: lost her husband, married a second time, and again became a widow. The first husband died of syphilis, and the second of asthma. Catamenia have ceased for two years.

About a fortnight ago she discovered a slight swelling, and felt much pain in the left groin. The swelling gradually increased and became more and more painful, till it has now become so troublesome as to prevent her walking. Had ulcers in the vagina some time ago, and has had a great deal of discharge from the vagina for two weeks.

On examination, there is a large and hard inflammatory tumour, the size of a pigeon's egg, in the left inguinal region, which is red, hot, and exceedingly painful to the touch. She experiences shooting and throbbing pains in it; is unable to put her foot to the ground, or stretch out the left leg; obscure fluctuation; thick, abundant, yellowish discharge from the vagina, with little or no pain in making water. No chancres; skin hot and dry; pulse quick and hard; complains of headache and feeling ill all over.

Low diet—Mercurius, 3rd trit., $\frac{1}{4}$ gr. night and morning.

20th.—Suffers much from pain in the bubo, which is very red and hot; much larger and softer to the touch; fluctuation quite distinct.

Continue diet and Mercurius.

22nd.—Bubo was opened, and discharged a very large quantity of thick, yellowish and offensive purulent matter.

Continue medicine and diet.

24th.—Bubo still discharges a great deal of matter, of the same consistence and appearance as when it was first opened.

Continue medicine and diet.

27th.—Discharge still very abundant, but not so thick; swelling, pain, and redness of the inguinal region much diminished; gonorrhœal discharge continues as abundant as it was prior to her admission.

Continue diet and Mercurius.

31st.—Much the same state.

Sulphur, $^{5}/_{12}$ $^{1}/_{6}$—one every 4 hours.

Feb. 7th.—Little or no discharge from the bubo; lips of the wound healthy; gonorrhœa much diminished in consistence and quantity; general health is good.

Continue Sulphur and same diet.

10th.—Improving. Continue medicine and diet.

18th.—A fresh ulcer, round and indolent, has appeared below the bubo, on the outer surface of the large labia, with fissures in the inguinal region; bubo still discharges somewhat; gonorrhœa has rather increased.

Mercurius, trit. 3, $\frac{1}{4}$ gr. night and morning.

Remarks.—The foregoing is an ordinary case of gonorrhœa and bubo; but it presents a striking example illustrative of the general remarks I have previously made respecting the unity and identity of the virus that produces all the varieties of the syphilitic disease; in fact, from its history, we learn that there first appeared some ulcers on the external labia; these suddenly disappeared, having been probably suppressed by *cauterization*, or some other *local application*; an acute attack of gonorrhœa immediately after manifests itself; this is followed by a bubo; and finally, the chancre re-appears. Thus we have here a sequence of results, all of which cannot be explained in any other manner than admitting the absolute unity of their syphilitic origin. In the treatment of this affection, our attention was first directed to the bubo, because the fluctuation in the tumour clearly indicated that pus was already formed, and because the gonorrhœal symptoms were not urgent.

Buboes are usually divided into

1st, Primitive—that is when they arise without any prior symptom of infection;

2nd, Consecutive, secondary or symptomatic—when they occur shortly after the appearance of gonorrhœa or chancres;

3rd, And constitutional—when they appear spontaneously in persons who have had, some time before, syphilis, but in whom there does not exist any sign of it at the time of the appearance of the bubo. As you must perceive, this distinction is founded merely upon the epoch of their apparition, and consequently it does not in any way influence their treatment.

Mercury was the first remedy employed; it did not arrest the suppurative process, as it would probably have done had we been applied to before the formation of matter commenced. On the 22nd, that is five days after I began to attend her, the bubo was opened, and discharged a large quantity of purulent matter. The Mercury was continued till the 31st, when it was discontinued in consequence of the cessation of all inflammatory symptoms, the tendency of the apperture to cicatrize, and from the healthy appearance of the wound. Sulphur was next given to combat the gonorrhœal discharge, besides which, I have always found Sulphur very useful after Mercury in all cases of syphilis; it acted speedily in diminishing the secretion both from the urethra and the bubo. She continued taking the Sulphur till the 13th inst., and with such marked benefit that I was in hopes she would have been well enough to have been discharged in a few days; but on visiting her the following day, I discovered a fresh, but indolent-looking syphilitic ulcer on the external surface of the labia, about an inch below the bubo, with fissures in the inguinal region, and the discharge from the urethra, as well as the bubo, much increased.

These were, no doubt, secondary symptoms, and clearly indicated mercurius. I accordingly prescribed Mercurius solub. 3rd trit., ½ gr., night and morning. Had it not been for the appearance of a chancre, I might have been inclined to attribute this sudden change to the medicinal aggravation of Sulphur.

You will have remarked that I used the 3rd trituration of Mercury, of which I gave ½ gr. doses night and morning. The question of potency and dose in the treatment of syphilis is highly important, but extremely difficult of solution. It must be evident to every practitioner of experience in this disease, that Hahnemann's method is not always applicable to the graver forms of recent syphilis. I have frequently seen chancres rapidly get well under the influences of the large doses given, according to the allopathic method, which had resisted for a long time the homœopathic preparations and doses, and *vice versâ*. I have cured cases with infinitesimal doses, which had resisted the allopathic method of mercurialising the system. I have frequently endeavoured to deduce some fixed rule from my experience, but the only satisfactory conclusions I have arrived at is—

1st. That the dose must be relative to the medicinal susceptibility of every individual, which is not possible to determine *à priori*.

2nd. That, in general, the graver and more recent the infection is, the more substantial ought the dose to be.

And 3rd. That the infinitesimal doses are all-sufficient in every case of chronic syphilis, when Mercury is indicated.

2nd Case.

William Scott, aged 21 years, a healthy-looking man, of a robust constitution, was admitted into A ward of the Hahnemann Hospital, 28th December, under the following circumstances. He states that he has always enjoyed good health, until four years ago, when he became affected with bronchitis, and with which he suffered nine months. About *ten weeks* ago, he discovered some warts on the glans penis, which rapidly increased; two weeks afterwards, a thick purulent discharge issued from the urethra, which lasted only a month, and some *ulcers* at the same time appeared at the lower and posterior parts of the glans penis. On enquiry, he states that the last exposure to infection he had was about three weeks prior to the appearance of the warts. He applied for medical advice to an allopathic practitioner, who gave him a lotion to bathe the part with, and salivated him; but as the application of the wash pained him very much, and finding no relief from the disease, he resolved to try the new system.

On his admission the following symptoms were observed—Nocturnal cephalalgia, with dimness of sight; lancinating pains in almost all parts of the head, which prevents him sleeping; odontalgia; gums hot, red, tender, and swollen; some dryness of the mouth. The glans penis was completely surrounded with warts, red and inflammatory, resembling much the appearance of a cock's comb; there is also a small syphilitic ulcer on the glans penis; no gonorrhœal discharge at present; bowels regular; appetite tolerably good; and in other respects well.

Nitric acid, $^1/_3$, a dose every 4 hours; lotion of nitric acid, 10 drops 3rd dilution to 1 oz. of water.

30th.—Much the same. Continue medicine and diet.

Jan. 3rd.—No pain in the head, teeth, and mouth; slept better; chancre very nearly healed; warts not so inflamed nor prominent.

6th.—Much better; warts are diminishing very rapidly.

8th.—Improving rapidly. Asked to go out for half-an-hour on public business; has never returned.

Remarks on 2nd Case.—This case presented a complication of chancre and sycosis, with the pathogenetic effects of Mercury. shows also the transformation of a simple gonorrhœa into chancres and sycosis, and thereby furnishes you with another proof of the identity of the syphilitic virus.

Nitric acid was the remedy selected, which he continued taking for nine days, with decided advantage. All the pains which he experienced in the head, teeth, and mouth, disappeared, sleep was restored, the chancre was nearly healed, and the warts were fast diminishing, and I have no doubt that this patient, under the influence of Nitric acid alone, would have been completely cured; but on the 8th of January he asked to go out for half-an-hour on particular business; leave was given, but he never returned.

I use also the Nitric acid externally, in the form of a lotion, on persons of robust constitution, and where there is little medicinal susceptibility. You will find the local application of the remedy you are giving internally very beneficial in hastening the cure.

3RD CASE.

The third and last case of syphilis I shall relate to night is that of Jane Hunter, a healthy looking young woman, 20 years of age, who entered the Hahnemann Hospital on 16th October. and was discharged perfectly cured on 23rd December.

This patient stated that she is born of very healthy parents, and enjoyed excellent health till the end of August last, when for the first time she had connexion with a man; two weeks afterwards she began to experience a kind of soreness, with swelling and profuse discharge from the genital organs, accompanied with smarting pain in making water, much bearing down and dragging pains in the groin, and very much aggravated by walking; finding herself daily getting worse, she was recommended to apply for admission as an in-patient.

On examination the following symptoms were present.

Smarting, burning pain on passing water; thick, yellowish discharge from the vagina; five large chancres of the size of a shilling each were discovered on the inner surface of the external labia; these ulcers are very painful, secreting a thick, purulent and offensive matter; their margins are elevated and callous, and the whole of the surrounding mucous tissue was hard, swollen and much inflamed; there is also pain and swelling in the glands of both groins. Although she was suffering much pain, had sleepless nights, skin hot and dry, and pulse quick, her general appearance was healthy looking, and all the other functions are normal.

Tr. Canth. $^2/_8$ in 6 oz. of water, a tablespoonful every two hours; recumbent position and low diet.

18th. Smarting pain on urinating much diminished; pain and swelling in the genital organs and groins much less; no change in the appearance of the chancres, but the gonorrhœal discharge is less.

Rept. Rest and same diet.

21st. Patient is very much better; all the acute inflammatory symptoms have considerably subsided; chancres more healthy looking; gonorrhœa less; discharge is neither so abundant, yellow nor thick, and with the exception of a frequent and ineffectual inclination to make water, the urinary function is normal; urine turbid and high coloured, depositing a thick, reddish sediment; glands of the groins are hard and tender, but the redness and other acute inflammatory symptoms have disappeared.

Sepia $^1/_{12}$ in six doses, one three times a day.

23rd.—Profuse metrorrhagia this morning; blood of a bright red colour, with occasional large dark-coloured clots, accompanied by violent bearing-down pains, as if something wanted to protrude through the genital parts; violent shooting and dragging pains in the hypogastric and inguinal regions; patient states that the hæmorrhage began two days previously, but as it was not very abundant nor continued, she did not think it necessary to mention it. On examination per vaginam, the neck of the uterus was found hot, much swollen, and very painful; os tincæ dilated to the size of a sixpence; complains of weakness and a fainting sensation; palpitations; pulse feeble, but regular; countenance pale, and bearing evident marks of the first loss of blood, which amounted to nearly four pints, independently of the quantity she must have lost the two preceding days.

Tr. Belladonna $^3/_8$ in 12 spoonfuls of water, 1 spoonful every two hours.

24th.—Hæmorrhage diminished, with the exception of a little tenderness in the abdomen when touched—all the symptoms of yesterday have ceased. Continue Belladonna.

25th.—Feels herself much better; no hæmorrhage nor abdominal pains; feels weak and hungry.

S. L. Low diet, with a little pudding for dinner.

28th.—Has completely recovered the effects of the metrorrhagia; gonorrhœal discharge not so thick nor so abundant; no change in the aspect of the chancres; inflammation and swelling of the inguinal glands are quite reduced; smarting, burning pains in the vicinity of the chancres.

Mercurius solub. ¼ grain, 3rd trituration, three times a day, quarter diet.

Nov. 1st.—Very little gonorrhœal discharge; chancres are much softer; margins not so elevated, and more healthy looking in their centres; purulent secretion less.

Mercurius solub. ¼ gr. 3rd trituration, night and morning, instead of three times a day.

6th.—Gonorrhœa quite cured; chancres are rapidly getting well; complains of aching pain in the submaxillary glands, one slightly swollen; headache; painful subcutaneous tubercles the size of peas in various parts of the scalp; the pains in these tumours are increased at night; no discolouration of the skin; general health very good.

Sulphur $^5/_{12}$ in 8 tablespoonfuls of water, one tablespoonful every four hours. Same diet.

15th.—Nocturnal pains in the head continue unabated, but the pain and swelling of the submaxillary glands subdued; ulcers nearly healed. S. Lac.

20th.—A slight return of the gonorrhœa; nocturnal pains in the head and cheek bones; no improvement in the chancres.

Ordered Nitric acid $^5/_{12}$ in 8 doses, one every four hours. Half diet.

28th.—No improvement.

Sulphur $^5/_{12}$ in 6 doses, one every six hours.

Dec. 5th.—Very much better in every respect. Continue Sulphur.

13th.—Improving; no gonorrhœa; ulcers nearly well; nocturnal pains very much diminished. S. Lac.

16th.—With the exception of nocturnal pains in the head and cheeks, restlessness and febrile feelings at night; patient is quite well.

Tr. Belladonna $^2/_3$ in 8 doses, one every four hours.

20th.—Pains continue the same.

Tr. Aconite, $^1/_3$ in 6 doses, one every four hours.

23rd.—Is quite well, with the exception of the nocturnal pains in the head, which are however very much relieved. She was discharged at her own request.

I gave her a few doses of Aurum to take home, and if she was not relieved of the pains after finishing the medicine, I requested her to return, but she did not do so. I conclude therefore that the Aurum must have succceded in curing her.

Remarks.—It is not possible to meet with a more complex, acute and perfect manifestation of the venereal affection than the one whose history you have just heard. It presents another striking example of the simultaneous coexistence of the several primary symptoms of syphilis, and it is likewise interesting on account of the alarming metrorrhagia which occurred on the eighth day of her admission. It would appear that the patient had had slight but continuous uterine hæmorrhage for two days prior to the morning of the 23rd, which she endeavoured to conceal till it became so profuse as to have excited alarm. This intercurrent phenomenon was of so serious a character as to compel us to interrupt the treatment of the venereal affection, and to direct our attention exclusively towards the arrest of the hæmorrhage. The first question which must naturally suggest itself to your mind is what was the cause of this extraordinary phenomenon? I believe it to have been the result of abortion caused by the inflammation propagated from the outer genital organs to the uterus. Although there was no positive evidences of an embryonic development, according to the report of the nurse (for I had not the opportunity of examining myself the clots of blood discharged), nevertheless my hypothesis is fully borne out by the following considerations.

1st. By the impossibility of accounting in any other manner for the formidable metrorrhagia and altered conditions of the os tincæ and back of the uterus.

2nd. By the rational signs of impregnation which she felt contemporaneously with the invasion of the venereal affection, but which she very naturally attributed to the latter disease.

If then it be true, as I believe, that abortion did take place, she must have been pregnant about two months, a circumstance that would sufficiently explain why the embryo was not detected; for it frequently happens in such recent cases of impregnation that the embryo becomes embedded in the clots, and then passes unnoticed by careless and inexperienced attendants.

Conception and infection must have occurred together, and from the intense inflammatory action extending along the vagina to the womb, it is not to be wondered at that abortion should have occurred.

When she entered the hospital she expressed no suspicion of being gravid, nor did the symptoms lead us to suspect it, and if it had been even known, I do not think it possible to have succeeded in preventing the abortion. I had no means of ascertaining the extent of the hæmorrhage, but it must have been considerable judging from the pallor, weakness of the pulse, and general prostration that followed. The characteristic symptoms clearly indicated Belladonna; 6th part of a drop of the tincture, 3rd dilution, was given every two hours. A sensible amelioration followed immediately after taking a few doses; the hæmorrhage and pains gradually diminished, and in two days they were entirely arrested by the sole action of this remedy: this result, compared with the opiates, astringents and quantity of stimulants that would have been given according to the practice of the old school, cannot fail to impress you with a conviction of the superior merits of the homœopathic treatment.

Although about a month had elapsed since the venereal affection first declared itself, the symptoms present on the day of her admission were quite as acute as if it were only the first stage of the disease. In so complicated a case as the one under consideration the selection of a remedy is by no means an easy matter. The law *similia similibus* is very simple in the abstract, but when you come to apply it at the bed-side, you will find that it is incomparably more difficult than that of *contraria contrariis.* It frequently happens that two or more remedies are equally suitable to a given affection, and consequently the symptomatic indications of the *Materia Medica* are insufficient. In such cases, if you are not thoroughly acquainted with physiology and pathology, you will be compelled to resort to the old system of guess-work and conjecture to guide you in the choice of a remedy.

The most efficacious remedy against the acute stage of gonorrhœa is Cantharis; its effects are prompt and decisive; for on the third day there was a considerable amelioration in the inflammatory action; the discharge was much less, and the inguinal glands were not so painful nor swollen. Cannabis and Petroselinum are also very useful in the first period of gonorrhœa; but, in the majority of cases, you will find Cantharis much more beneficial and by far the most certain in its results. Sepia was administered after Cantharis; when the acute symptoms of gonorrhœa have subsided, no medicine is more beneficial than Sepia in allaying the mucous irritation and diminishing the secretion; it is somewhat analogous in its action to Sulphur, and it proves especially efficacious after the use of Cantharis. Although gonorrhœa, in a pathological point of view, is not so important an affection as chancres, nevertheless in practice, when both exist at the same time, our first object should be to subdue the gonorrhœal inflammation and discharge as speedily as possible by its appropriate specifics; unless you do this, it is impossible to keep the gonorrhœal discharge from accumulating on the ulcers, which keep up a constant local irritation around the diseased parts, and frequently excite fresh ulcers; more particularly if the patient be a male and the prepuce happen to be very long, and not easily drawn backwards. She only took the Sepia twenty-four hours, consequently there was no time to remark its effects. Metrorrhagia then occurring (the nature of which I have formerly explained), suitable means were adopted to the particular case, and the hæmorrhage was speedily arrested by a few doses of Tr. Belladonna, 3rd dilution. Before commencing the treatment for the syphilitic affection, I thought it advisable to cease giving medicines till she had recovered from the great loss of blood. She then took for ten days consecutively ½ grain, three times a day, of Mercurius solub., 3rd trituration, at the end of which time the gonorrhœa was entirely cured, the sympathetic inflammation, swelling and induration of the inguinal glands disappeared; the chancres now assumed a healthy appearance, and were rapidly cicatrizing; but she began to manifest some unusual phenomena, such as pain and swelling of the submaxillary glands, and small subcutaneous tubercles on the scalp; I therefore discontinued the use of Mercury, and gave in its stead Sulphur. From the circumstance that there was no discolouration of the skin, and that her health and primary disease were better, I was not inclined to consider these symptoms as secondary syphilis, but regard them rather as the pathogenetic effects of Mercury, and consequently I gave Sulphur and Nitric acid as antidotes; with the exception of nocturnal cephalalgia and sleeplessness, these remedies produced the desired effects, and the patient was discharged on the 23rd quite well.

NOTES ON THE CHEMICAL AND PHYSIOLOGICAL BALANCE OF THE FOOD.

(*Continued from page* 573, *vol.* XVIII.)

In the tedious and tortuous process by which the ruminantia digest and assimilate their food, we have an illustration of the chemical as well as the anatomical difficulties, so to speak, which have to be overcome before vegetable and non-azotised substances, in general, can be vitalised, converted into blood, or otherwise rendered available for the wear and tear of vital action, or in other words—of life. The three stomachs into which the food of the ox passes before it reaches the fourth, or that which corresponds properly to the human stomach, may be viewed as so many additional stages, at each of which the food loses something of its purely vegetable nature, and approximates in certain particulars to a more highly organised compound. We have only to contrast with this kind of digestion that of a carnivorous animal, whose one small stomach and short intestinal canal fulfil the same requirements in a much shorter time, to recognise the superiority which animal food, and azotised substances in general, possess, in the organisms fitted for their reception, over vegetable food and non-azotised substances in general, in point of assimilative convertibility.

It is thus a difficulty of some chemical consequence to the vegetarian doctrines, so far, at least, as the general theory of them hinges on a gummy, starchy, or farinaceous diet, that whatever part of our food consists of non-azotised substances must undergo, as it were, a second chemical digestion; and considering that human food is intended for the supply of the slower processes of nutrition, as well as the ordinary reparation of the body, and also, at the same time (on the Liebigian view), to afford the materials for the immediate protection of the blood against the chemical action of the oxygen absorbed in respiration, certain evils ought to ensue, in many cases at least, from the adoption of a too exclusively vegetable or farinaceous diet, which essentially substitutes for the speedy digestive assimilation of a carnivorous animal, the slower and much more chemically complex process characteristic of a herbivorous animal. It does not, of course, follow that the opposite evils which may equally ensue from a too highly azotised diet—one, say, chiefly or solely composed of butcher's meat—are unworthy of equal attention. On the contrary, regard should be had to the importance which rightly attaches to a due combination of the chief elementary principles in systems of diet, and this apart even from chemical theories. On the well-gounded assumption that man is an omnivorous animal, a mixed diet constitutes his proper food, and on such a diet experience does not contradict chemistry or anatomy, in intimating he is constructed to subsist.*

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* No doubt, this has been seriously called in question. The question as to man's omnivorous, or non-omnivorous, nature has, however, hitherto turned chiefly on the structure of his teeth; and since it has been partly admitted by the anatomists, that the evidence to be derived from this single character is, in a sense, negative, the writers on vegetarian physiology or philosophy have made the most of this result. [The most prominent vegetarian works are—"*Silvester Graham's Lectures;*" "*Dr. Alcott on Vegetable Diet;*" "*Fruits and Farinacea the Proper Food of Man, by J. Smith.*"] They have likewise adduced some facts which certainly go to show man's *adaptability* to a purely vegetable diet; but in proving this, they are at the same time admitting that he can maintain himself in *comparative* health and comfort on a purely animal or any other kind of diet; the very existence of such adaptability indicating that his diet was meant to vary with the climatal and other circumstances incidental to his race, or his lot in life. As to inferences derivable from comparative anatomy, it is, doubtless, true that the quadrumana, including the species most nearly allied to man—the orang and the chimpanzee—present, as to their teeth, anatomical characters which approximate them in a greater degree than man to the carnivora, and yet they appear to be purely vegetable feeders. This is not perhaps absolutely true: for, even in a state of absolute nature, the quadrumana habitually devour eggs and young birds; and in so far as it is true, it should not be dislocated from the fact, that the quadrumana are inhabitants of warm climates, where fruits and grains are the natural food of the human native inhabitants also. But on the other hand, the stomach and intestinal canal of the Anthropoid apes, as well as those of man, bear more resemblance to those of the carnivora than do the stomach and intestinal canal of the true monkeys, which would seem to indicate, that as we ascend the Mammalian scale the omnivorous capability of the digestive apparatus becomes greater. Moreover, if the teeth of man and of the chimpanzee are obviously not constructed to tear living flesh, like those of the felinæ, just as obviously they are not adapted to the mastication of grains and seeds, being destitute of roughened molars, like those with which the horse rubs down his oats; man being likewise unprovided with a muscular gizzard, the farinacea are not adapted to his digestive organs naturally, or until they have been subjected to the process of cooking; whereas, although instinct or habit has made it distasteful to him, he is quite able to digest raw flesh. But even allowing that neither the structure of the teeth nor the conformation of the alimentary canal furnishes conclusive evidence as to what is man's appropriate food, a consideration of the relative composition of the *blood* of herbivorous and carnivorous animals as compared with that of man—a point as to which, we believe, no reference is to be

The direct experiments instituted by Majendie, Tiedemann, and Gmelin, seem clearly to have proved, that when separately used as a habitual diet, the simpler constituents of the food are insalubrious, and insufficient alone for the continued support of life; that, whether derived from animals or vegetables, the aliment of man, to be all-sufficient, must contain both classes of compounds, the albuminous and the non-azotised. Even bread, which is called "the staff of life," and popularly considered quite adequate, with water, to maintain life, possesses somewhat dubious claims to such reputation. Bread contains only two of the elementary principles, viz., vegetable albumen (in the form of gluten) and starch, which last being isomeric with sugar, may, theoretically, be held to serve for the production of fat and the support of respiration. Yet there is good reason to doubt whether the addition of oil, in some form or other, is not necessary to constitute bread that staff of life which it is popularly held to be; indeed, the fact is significant of such a doubt, that common and as it were natural, usage leads the great majority of mankind to conjoin oil or fat, in the form of butter chiefly, with the habitual use of bread.* At all events,

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found in any of the vegetarian treatises—would seem to offer a more decisive and valuable test, since the qualities of the circulating fluids are all-important to the processes of nutrition. MM. Andral, Gavarret, and Delafond, give the following as the average result of their observations of the blood of the three orders;—

	Globules.	Fibrin.	Solids of Serum.
Herbivora	95	3·5	90
Man	125	2·0	88
Carnivora	148	2·0	75

Now it has been shown, that while the proportion of globules, when it is either much above or below the average, is capable of being considerably affected by the diet; the proportion of fibrin and of the solids of the serum seem to be little affected by diet, whether animal or vegetable; and as it appears from the above table that man is midway between the carnivora and herbivora, as regards the proportion of globules in the blood, that he approximates to the herbivora in the proportion of fibrin, and still more to the carnivora in that of the solid matter in the serum, we may fairly conclude that his true place is between the exclusively herbivorous and the exclusively carnivorous races.

* In countries where a primitive kind of civilization obtains, bread, or that which takes its place, is generally eaten with a fatty adjunct, and this seems to indicate that the practice of using butter to our bread is not so much an

it is certain that *fine* bread made from wheat, the seeds of which have been previously entirely stripped of their external ligneous covering, whether or not it be capable of supporting life for any great length of time in the human subject—a question, probably, not yet quite decided—does not of itself constitute a salubrious diet. If it be true, as Liebig holds, that "vegetable albumen is the only simple principle which will alone maintain life," this observation can apply to man only as an omnivorous animal; for Majendie has demonstrated that carnivorous animals soon die, and die always on such a diet. He fed dogs on white bread and water, and they died mostly in fifty days. As to the other elementary principles, the experiments alluded to have placed it nearly beyond doubt, that no one of them singly can support life in the higher order of animals. A variety of different animals—dogs, donkeys, &c.—were fed on articles of diet corresponding to simple elementary principles, as cheese, oil, gum and sugar, rice, white of egg, with the result, that they all died at various intervals with the usual appearances of starvation. It is, however, a remarkable fact that while dogs have been found to die of starvation when supplied, however liberally, with albumen or fibrine, or even with mixtures of albumen and fibrine alone, yet they thrive when fed on gluten alone—gluten, which is chemically identical with albumen and fibrine. It is such facts as this, of which we shall presently encounter more, which incline us almost to concur with some recent physiologists, who think that "the nutritive value of a substance cannot be determined by its chemical composition;" and if this be true, it must go far to modify the organic stringency of Liebig's classifications of the food, which we must probably accept, as it will be found in the end, as tenable only *from the chemical point of view*. The chemist, as contra-distinguished from the physiologist, is

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acquired taste as a suggestion of nature. In the more arid parts of the Cape of Good Hope, where no butter is procurable from the scanty milk yielded by the half-wild Caffre cows, the coarse bread baked by the Dutch Boors and the coloured population is never eaten, except from necessity, without the addition of *sheep's tail fat*, the favourite substitute in that part of the world—where we have partaken of it with relish—for butter.

apt to forget that the problems to be solved, in a consideration of the nutritive and assimilative function and processes, are of a vital as well as a chemical kind. There can be no doubt that experience contradicts, more or less flatly, the assumed facts furnished by those exact chemical tables, which determine the relative nutritive value of different articles of food, according to the per-centages they contain of this or that elementary principle. Such data take no sufficient account of the influence which the *vital* part of the processes of digestion and assimilation exercises over the various elements, and their state of combination in the living organism, which it is most important to observe, is not necessary the state of their combination out of the living organism. "The albumen of egg, and the fibrine separated from the blood, may, to the chemist, be identical with the fibrine and albumen which concur in the formation of muscle, incorporated there by the process of nutrition ; but they are not the same, for the organism which has to assimilate them, and which requires that they should be in a special state of elaboration, which they have undergone in another organism ; it is muscular flesh which the organism demands, and not the elements of which flesh is composed ; it needs aliments, not chemical products." *

Milk is the only article of diet in which, as Prout says, we should expect to find "a model of what an elementary substance ought to be—a kind of prototype, as it were, of nutritious aliments in general." And certainly, from a chemical point of view, it is a perfect aliment, for it contains all the necessary elementary principles—the so-called protein compounds, hydro-carbons, and oils (represented by casein, sugar, butter), with water and salts—the only substances absolutely necessary to maintain life. Viewed also as the necessary and natural aliment of infancy and childhood, milk is the model food. If there be any exclusive article of diet for man, therefore, it is surely milk ; milk which the vegetarians, though they have left it almost unassailed amid the sweeping censures they have levelled at every other form of animal food, should fall back upon, instead of continuing their vain efforts to convert their fellow-men into herbivorous or graminivorous animals. From a third point of view, however, it may be questioned whether milk really is the model food it has been really called; while all-sufficient for the young, it seems exceedingly doubtful whether it is so for the adult. In 1,000 parts it contains only 48 of nitrogenous matter, and this, though sufficient for the child, is possibly too small a proportion of directly nutritive matter for the wants of the adult.* But however this may be, whether this or any other chemical reason can be plausibly advanced to account for it or not, certain it is, that neither the adult lion nor the adult man, to the infancy of both of whom it is life-nourishment, can be thoroughly nourished on milk alone; and even as an exclusive diet, every physician has occasion to observe how often it disagrees, giving rise to flatulent and acid digestion, with those invalids who may be restricted in their use of other forms of animal food.†

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* LEVY, quoted by LONGET, *Physiologie*, and by LEWES.

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* It is, however, a fallacy to suppose, what seems to be taken for granted by some organic chemists, that an article of diet must necessarily be valuable and nourishing in proportion to the amount of nitrogenous element it contains. Dr. Lehmann has shown this from the analyses of Drs. Schlossberger and Kemp, quoted in the third volume of his "*Physiological Chemistry.*" From these analyses, it appears "that the amount of nitrogen in muscular fibre throughout the animal kingdom is essentially the same. The flesh of fish contains the same total quantity of this important element of nutrition as that of the higher animals; oysters, on the other hand, instead of containing more, as the experience of their utility would lead us to conjecture, actually stand lower down in the scale of proportion, so there is a striking difference between being rich in alimentary principles and good for food."

† The gastric juice being acid, milk on meeting with it in the stomachs of the dyspeptic, or of children, is apt to become coagulated, and thus not only to aggravate or create flatulence, &c., but also to pass through the alimentary canal unaltered, and, of course, without contributing to the nourishment of the body. This coagulation in the stomach might often be prevented, by mixing the milk with some alkaline liquid, say a proportion of lime-water. When artificial or cow's milk is substituted for that of the mother, in rearing infants, or "bringing them up by hand," as it is called, care should be taken that the artificial food should as nearly as possible correspond, as to its chemical constitution, with the natural or human mother's milk. The importance of this has been pointed out by the late Mr. Turner, of Manchester, among others, whose paper on the subject is to be found in No. LXI. of the *British Journal of Homœopathy.*

The truth seems to be, that in the case of milk we have another illustration of the inadequacy of chemical theories, and their accompanying analyses, by themselves, to determine the real nutritive value of our food. Chemistry, we believe, can do this only approximately; when it claims to do it absolutely, it goes beyond its limits, and fails, because it does not deal with the conditions of the complicated problem. "Although a substance contains all the alimentary atoms necessary to supply the waste of the body—carbon, hydrogen, nitrogen, sulphur, salts, water, and so on—and at the same time is perfectly capable of absorption and conversion into blood, yet it does not follow that it is sufficient to sustain life. In fact, though it is capable of absorption, it may be limited in capability as regards quantity; it may have the power of entering into assimilation only in a certain definite amount, and that amount may be more or less than sufficient for the wants of the organism. This seems to be the case with all the substances which form our aliments. Pure albumen, pure gelatine, pure chondrine, cannot separately be taken up in sufficient quantity to sustain life, however much of them may be passed through the alimentary canal. A combination of aliments is necessary, and what quantity of each is required to form the combination cannot be learnt by finding the amount of carbon, hydrogen, &c., which they jointly have contained."*

The large quantity of an important elementary principle supplied as an accessory food to young animals in their mother's milk, viz., *sugar*, has lately been ingeniously accounted for on chemico-theoretical principles. The results of Dr. Böckers'† experiments, made chiefly on himself, go to show, *inter alia*, that this article of aliment acts specially, as alcohol does also in a degree, as a limiter of the consumption of tissue; that "it restricts the waste of the body by decomposition, and that its effects are most marked on these products of the destruction of bone." It would seem, according to Böcker, that it is chiefly the earthy constituents of bone whose removal is arrested by a use of sugar. The use of alcohol is said to be attended with like effects, but in a less degree; the secretion of the earthy phosphates being lessened when sugar is taken by more than a half, while the difference (experimental) under the use of alcohol is only one-sixth of the average. This peculiarity in the physiological action of sugar would appear fully to account for the great comparative quantity of it contained in natural milk. "The constant motion of the growing limbs (of the young animal) demand a rapidity of life in the muscles, and promote a continuous moulting which would be fatal to the stability of bones; so they are defended against the overweening waste by the great quantity of sugar which the mammary secretion always contains. A beautiful provision this in Nature; but it is still more striking, when we find that the supply of sugar to different sorts of animals is in very close proportion as their bones are required to be strong and firm. The lumbering ox, who in his youth staggers about with proverbial ungainliness, and who, in really civilized countries, is left to only his proper business of getting fat, has the smallest supply of sugar of any known animal. *Man* has from four to six per cent of sugar in the solid constituents of the milk he gets, while the *colt* has nearly nine per cent. to harden his compact skeleton; the *ass* has between six and seven per cent.; the *kid*, and the *lamb*, rather less; while *puppies*, again, are worse off in this respect than even calves—a fact which explains the wise cautions of our sporting friends against working them too early, lest we should spoil the form of their legs."*

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* CHAMBERS' *Digestion and its Derangements*, p. 191.

† *Beiträge zur Heilkunde*, I., p. 33, noticed by CHAMBERS, *Digestion and its Derangements*, p. 240.

Here we have another important divergence from the views of Liebig. This theory of the physiological action of sugar, far from holding that sugar (or alcohol either) is mainly a respiratory material, or food, gives quite another rationale of the chief part which it plays in the animal economy. Böcker denies, on the evidence of numerous experiments, that sugar even augments at all the amount of *carbon expired*. Without making any other change in his usual habits, he took a quantity of sugar daily for a certain time, and "a mean of fifty experiments on the quantity of Carbonic acid secreted in the lungs during the sugar days, compared with seventy experiments under ordinary habits, shows a decided deficiency in the former, both in air expired, and in Carbonic acid contained in that air."

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* *Chambers.*

While, however, such experiments, and the theory with which they have been associated, seem entitled to some weight; they are not, we think, necessarily irreconcilable with the old belief which assigns to sugar, as a hydro-carbon, an importance—though it may be too much importance—in the respiratory process. We must not forget that it is to the *blood* we are to look for the sugar, which may go to assist the combustion which, more or less, attends the act of respiration. Now, the sugar in the blood is, no doubt, derived partly from the amylaceous principles of the food, but it is mainly secreted by the liver (as Claude Bernard has, we believe, fully proved), from the albuminous principles. In proportion to the richness of the diet in albuminous principles at any time may, therefore, be the activity of the sugar-forming, as well as the bile-forming, processes going on in the liver, and the corresponding increase, for the time, of the amount of sugar in the blood; and it seems probable, that whatever excess of sugar over the ordinary or normal standard, the blood may thus contain, must be got rid of, or be burned off by the lungs, just as we formerly noticed an overplus in another eliminative secretion may be thrown upon, say, the kidneys.

Whereas, since the amount of the sugar in the blood is not affected by a sugar diet, remaining the same, as it has been proved, when no sugar is eaten, all the sugar swallowed directly must go with the starchy elements of the food, to be transformed into lactic acid and fat; which fat again may itself go, under certain conditions, to supply an unusual combustive waste.

From this point of view, which is one mainly consistent with Liebig's view of the function of sugar and the hydro-carbons, Böcker's experiments can prove only that sugar is not *directly* a respiratory material, or capable *when swallowed* of augmenting the amount of carbon expired. To this the followers of Liebig may reply, "but that we knew before." As to his assertion that there was *less* carbonic acid contained in the air expired by him when under the sugar diet, it seems on the above showing easier to believe in some fallacy in the other non-saccharine conditions of those experiments, than to ascribe such a fact to the presence of the sugar taken into the stomach, whence, we consider, it was *not destined to find its way into the blood.*

Liebig's theory of respiration is, however, beset with some difficulties, to which we shall presently advert further.

The importance of *oil* or fat, as an elementary principle, may be inferred from the fact that it also, like sugar, exists in comparative quantity in milk, the natural food of the young animal, as well as from the fact that it is also largely present in the adult food of all nations. This latter fact has perhaps been insufficiently appreciated by those who have received oil, sugar and starch too exclusively as hydro-carbons, and who, following their great master, Liebig, are accustomed to connect the consumption of oleaginous food with the respiratory requirements of the inhabitants of cold or temperate climates, who are eaters of animal food and fat *par excellence.* Liebig has even gone the length of characterising oleaginous substances as objects of disgust to the natives of warm climates. As to the coarser kinds of animal oils it may be so, and probably because such are more liable to speedy decomposition in warm countries. But the habits of the inhabitants of the south of Europe, as well as those of South America and Eastern India, seem to prove that such a notion is quite untenable. On the contrary, as olive oil, clarified butter, etc., nearly all races of men seem to seek after, if not absolutely to require, a mixture of fatty or oleaginous matters in their ordinary diet. And this, taken in connection with the fact that the Orientals generally — the Hindoos in particular — do chiefly live on saccharine and starchy foods, has been advanced as an objection to the generally received theory of respiration. According to Liebig's theory, it is said the Oriental does not require the respiratory food he seems naturally to cling to; if the non-nitrogenous food, the sugar, starch and oil on which he chiefly lives be really "heat-making," the climate should render it distasteful and injurious to him; yet he adopts such a diet from choice, nor can he with impunity exchange it for the more nitrogenous diet in which from habit Europeans indulge in India, and to the continued use of which are often to be traced the tropical diseases from which the latter suffer. Whilst it may be admitted that such an objection seems reasonable, yet when examined and carried back, it will not be found sufficiently general. It does not apply to most other inter-tropical countries, the native inhabitants of which have had the liberty of choice in the matter of their diet. It seems indeed very questionable whether the poor Hindoos do live upon rice mainly, as a matter of choice. More probably their dietetic habits, like much of the agricultural produce of their country, are the result of circumstances, and more or less artificial. The vast plains of Hindoostan, over which successive conquering hordes have swept like so many devastating tempests; which have so often been ravaged by famine and pestilence, represent, we think, an old country in an artificial state of Asiatico-European civilization, where the products of the soil even—the cotton, the rice, the indigo—have supplanted and smothered many of the fruits and vegetable productions once indigenous there, and on which, doubtless, earlier native races once throve. Certain it is that other races, the inhabitants of warm countries, less accessible till recently to the inroads of foreign innovators, have been found as to their dietetic habits more in consonance with the general requirements of the Liebigian theory of respiration.*

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* The natives of the islands of the South Pacific, and the Malay tribes of the Indian Archipelago, are naturally given to a diet much less restricted than that of the Hindoos—a diet into which fresh fruits and fresh fish, &c., largely enter. To take the instance of a continental and primeval race, as we may almost call them in this connection—the ancient Mexicans, when first visited by their Spanish conquerors, were found living, as their descendants still, though less markedly it may be live, in the enjoyment of a diet almost luxuriously varied. It would appear that no class of the community was, by extreme poverty or any other artificial prohibition, restricted among the nations of Mahuac to a purely farinaceous diet, but that nearly all could obtain—or at least consumed when they could obtain—fruits as well as fishes, and the flesh of birds, both wild and domesticated, and other game, as well as grains and roots. It is, we conceive, from instances such as these we should judge what are the *natural* habits of the natives of warm countries as to dietetics, rather than from examples such as the poor Hindoo furnishes, of

The *general* requirements, we repeat; for as we more particularly endeavoured to show in the former part of this paper, there is room, in view of a chemical and physiological balance of the food, for mutual interchange in the functions of the two classes of principles; the nitrogenous elements of the food, owing to the carbon they contain, being capable on occasion of subserving the purposes of respiration, and the non-nitrogenous also sometimes answering a double or vicarious purpose, so to speak, in the animal economy. Moreover, whatever may have been the original stringency of Liebig's theory and classification, his followers now freely admit that fat is a necessary element in the formation of tissue, and therefore fat, as well as the non-nitrogenous substances capable of conversion into fat, are confessedly to some extent plastic, and not merely and solely respiratory materials. This does not necessarily invalidate, it rather, in our view, corroborates the theory as a whole.

Most of the objections which have been advanced, by recent writers on physiology to the theory, are of a like kind, and mostly founded on the assumption that all Liebig's views are necessarily held by his followers now in all the stringency with which they were at first announced. The objectors,* for the

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a people driven, probably, by the force of circumstances, to a manner of life which, though it may have long since become habitual, never has been truly natural.

* Of these, that universal genius, Mr. G. H. Lewes, in his recent work *The Philosophy of Common Life*, has made himself conspicuous. "The so-called chemical theory of animal heat" which he there assails, specially in the chapter entitled "*Why we are warm, and how we keep so*," is not, however, precisely the theory which has met with the acceptance of most modern physiologists, nor yet the exact theory the writer thinks, or affects to believe, he is assailing. A logical fallacy of this kind is very characteristic of Mr. Lewes' work, especially in those parts of it where he contests the views of Liebig. He frequently finds it convenient to set up the edifice he means to demolish. Thus, he states the theory he attacks:—"Animal heat, it is said, is the effect of which respiration is the cause." We venture to think that this popular physiologist might have addressed himself more profitably to an exposure of Liebig's errors, had he adopted the broader proposition (stated in the first part of this paper), that *the production of animal heat is mainly due to the changes in chemical composition which are continually going on within the system, and of which changes respiration is the external manifestation.* Where it suits his purpose he seems inclined to hold, that in the com-

most part, ignore for the nonce the bearing of that chemical and physiological *balance* of the opposite elements of the food, upon which it has been our special object in this paper to insist, in

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bustion which attends this production of animal heat, "the tissues are burned, if burning there be, and not the food itself;" and he elsewhere (Vol. I., p. 184) seeks to explain the great appetite for, and consumption of, fatty animal food in cold climates, by attributing the due maintenance of animal heat in such regions, not to the use of such a diet, but to the fact that "more exercise must be taken in cold weather [during an almost idle Lapland winter, or among the apathetic Esquimaux!] to develop the necessary amount of animal heat, more tissue must be wasted, and consequently more supply is needed for repair." This, it would seem, is his theory; but one scarcely knows where one has Mr. Lewes. After a perusal of his clever book we have come to the conclusion that it is a *concrete nein.* Thus, he cannot deny "that *an* intimate relation subsists between respiration and animal heat." But then, "the question (he says) is not whether *an* intimate relation necessarily exists, but whether *the* casual relation exists, whether the two phenomena are in invariable correspondence, the one never feeble when the other is energetic—the one never acting after the other has ceased." Having thus, in his usual manner, furnished himself with a suitable text or point of departure, he proceeds—"Disregarding the mass of evidence which may be adduced in favour of the correspondence, to fix our attention solely on some striking exceptions." The chief of these are, 1st. "Cases by no means very rare, in which a corpse has preserved a high temperature for many hours;" and as to which cases, he "cannot see how the advocates of the respiration theory reconcile such facts as the complete absence of respiration during several hours with *no diminution* (?) of animal heat."

But why cannot he see the plain reconciliation in the difference between a living organism and a mass of dead animal matter? In the latter, decomposition having already commenced, there is nothing exceptional, save in degree, in those *purely chemical* changes which give rise, as often also in decaying vegetable matter, to more or less heat.

2nd. He alludes to the fact, that in the diseased state named tetanus the temperature has been known to rise to a great height, without any corresponding increase of respiration. This is, no doubt, one of a class of facts very interesting, and deserving of further elucidation, as bearing upon the influence undoubtedly exercised, in a manner not yet understood, by the nervous system over the temperature of the body *in a state of disease.* But it is dislocated out of its normal relation when introduced as an objection here.

3rd. In women the respirative energy is much inferior to that in men, yet their temperature is scarcely lower. It does not seem to have occurred to the objector, that the difference of sex is quite adequate to explain this. The phenomena of ovulution, like those of incubation, are characterised by the development of a certain amount of heat, which may be theoretically taken relation to digestive absorption, eliminative secretion and respiration—in relation to waste and repair, and the maintenance of animal heat.

In this connection the medicinal relations of oil, especially the cod-liver oil, are somewhat interesting, and worthy of a passing notice.

It is curious to mark the history of most of the remedies from time to time advanced as *new* in orthodox therapeutics. These are nearly always revivals, not discoveries. In the case of cod-liver oil, now or lately trumpeted as a sovereign remedy in phthisis, it should not be forgotten that it is a very old domestic medicine, well known in the coast-towns of Holland and Germany, and even in our own sea-coast villages (in that of Newhaven, near Edinburgh, among others), years and years before the schools accredited it. The obscure village doctors and old wives who were in the habit of prescribing it long ago, did so, of course, empirically, and we rather think—no offence to our allopathic brethren—it is so prescribed still. But as soon as it became a pseudo-scientific, or professorial prescription, theories of its *modus operandi*, of the most extraordinary kind, became rife, and as a matter of course those who were first inspired—divinely by Hippocrates—to take it by the hand, began to

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as the complement of the deficiency in the respirative energy from the male standard. This is the more interesting, that we have the analogue of it in the vegetable kingdom—the fecundation heat of plants corresponding to animal heat. Mr. Lewes touches many points which he might perhaps have adorned and elucidated, had he approached them in a different spirit, and with a mind better acquainted with the *relations* of those scientific facts which he has certainly "got well up in."

4th. "When we take a general survey of the animal kingdom, the correspondence between energetic respiration and high temperature is very striking," no doubt; but then, "when we descend to particulars the correspondence ceases to lend aid to the theory." Because, as to birds, "the active predatory petrel has uniformly a much *lower* temperature than the domestic duck." It is of no avail that M. Brown-Séquard has attributed this discrepancy to the fact, that domestic ducks are much better fed (the duck being also the natural inhabitant of a colder climate) than the petrel; because, lo! "the inexorable thermometer shows the duck to have a higher temperature than the goose," and à *priori* we should expect the contrary. But upon what kind of goose was the inexorable thermometer tried—a wild goose, or a Strasburg goose?

quarrel about priority of invention where there was nothing invented. Dr. Williams, of London, and Dr. Bennett, of Edinburgh, laid claim to the discovery, and exchanged complements on the subject. It remained, and we understand remains, doubtful which made out the best claim to priority. But people were not to die, as usual, of phthisis on that account: Dr. Williams published his cases, and Dr. Bennett— wrote a book. The saving of human life, in the most desperate cases and in the third stage of the fell disease, was shown to be prodigious—that is to say, at first—and the *modus operandi* of the bland agent was theoretically illustrated with much variety.

We hear less about it now, and somehow it has ceased to be an applicable remedy in a large proportion of those cases in which it was lately asserted, or expected it would prove infallible. Perhaps it has been generally administered in wrong quantities, or been extracted from the livers of the wrong fish; certain it is, that a great many patients now-a-days decline to persevere in the use of it, because whatever ultimate good it may effect it produces diarrhœa, or otherwise disorders the digestive organs in the first instance. Yet probably as many, or more persons of a strumous constitution are benefited by an occasional course of it now, as formerly, when the annals of legitimate science had not been enriched by the oleaginous writings which have flowed copiously from the medical press.

The experiments of Schwann (alluded to in a previous note) in cases of artificial division of the bile duct, with subsequent discharge of its contents through a fistulous orifice in the walls of the abdomen, go to show that absorption of the oleaginous principles depends on a mixture of them with the bile and pancreatic fluids; and some dogs thus experimented on, though they recovered from the immediate effects of the operation, and continued to eat as usual, died of inanition, it would seem that, in them at least, the oleaginous principles are necessary to complete nutrition and a continuance of life. We must, notwithstanding, assign to oil but a low rank among the elementary principles of human food, since it is not capable of being taken up for the nourishment of the body at a first or stomachal digestion, like an albuminous compound, but requires to travel farther through the alimentary canal, and to undergo more complicated metamorphoses previous to absorption. Moreover, although in its state of composition out of the body, oil may be held to rank, chemically, a little higher than its congeners of the non-nitrogenous group, yet it seems likely that the case alters after absorption; for, whereas amylaceous and saccharine substances are capable of being converted into fatty tissue, thus rising to a higher standard in the living body, it would appear to be doubtful whether oil, when swallowed as oil, attains any advance of organisation within the system, or remains there even in the state of fat. On this showing, oil must go specially to subserve the purposes of respiration, and the popular explanation of the real or supposed virtues of cod-liver oil in phthisis, that it possesses superior nutritive properties, has no real foundation either in fact or in chemico-physiological theory. Wherefore, we may be sure that whenever such a diet can be borne, albuminous and fibrinous ingesta—say, lean beef-steaks, mutton chops, or concentrated beef tea—offer a decided advantage over cod-liver oil, where the object is, in the course of disease, to nourish the body generally, and repair the waste of the tissues specially. If, on the other hand, the superior nutritive claims of cod-liver oil be given up, and its pretensions as a curative agent in the treatment of phthisis be staked exclusively on its superior heat-making qualities, the theoretical proof of its value in this regard is still obscure as ever, and beset with contradictions. It is difficult, we think, to conceive how the feeding of the mere furnaces, so to speak, can, in the majority of cases of phthisis, act on the exceptional principle of "leaving the ordinary food at liberty, as it were, to nourish the tissues, instead of being consumed as respiratory aliment," as some of the advocates of cod-liver in this disease profess to believe. It is too much of the nature of a gratuitous assumption, unsupported, so far as we are aware, by illustrative examples, or analogous facts derived from a consideration of what takes places, probably, in other wasting diseases. The rapid emaciation which takes place in the severer forms of fever, for instance, and which, as we have noticed may be traced with probability, not to the excessive waste of the tissues directly, but more indirectly to the demands made by the respiration, while no food, or very little, is being taken by the patient—such is not a similar case to one of phthisis. True, the food which is taken by phthisical patients, often plentifully, does not sufficiently nourish them, or seem to supply the waste of the tissues; but this is not because it is too rapidly burned off, but because it is insufficiently assimilated. The answer to the question—Why is it insufficiently assimilated? may be a somewhat complicated one; but considered as a purely respiratory food, we may here ask—How can cod-liver oil benefit the patient directly if it does not go to correct the assimilation of the other food, or is not itself assimilated?

Let it be remembered, that while in fever the circulating fluid is poisoned; in phthisis, the organ or medium through which the blood, not otherwise poisoned, is exposed to the influence of the oxygen in the air, is in a state of disease or organic lesion, which prevents it from performing its function normally. The lungs aërating the blood imperfectly, the blood is thus imperfectly nourished, and in its turn fails to nourish sufficiently the other organs and tissues to which it is distributed. This, we believe, is the explanation of much of the general wasting which is characteristic of phthisis. Thus, the wasting is not due—as in fever, indirectly—to a want of ingesta fitted to meet the excessive demands of the respiration, but rather directly to the disease of structure, the tubercle or disintegration, with which an essential vital organ is affected, and which leads to general disorder of function. The fever which, more or less, is an accompaniment of phthisis, is the hectic, which is characteristic of, or sympathetic to, internal suppurations or the disintegration of tissues; whereas the fever of typhus must be viewed as eliminative mainly. In the absence of crisis by sweats or diarrhœas, it is almost exclusively through the lungs—eliminative secretion being otherwise in abeyance—that the fever poison, the blood poison, is set free, the quantity of carbonic acid being generally much increased. But in phthisis, eliminative secretion is not otherwise in abeyance, nor is the quantity of carbonic acid given off by the lungs increased, but on the contrary, it is less than the normal standard. In relation to this last fact, a significant one in some respects, we must notice what seems to be, or at least to have been, Dr. Williams's explanation of the curative action of cod-liver oil in this much belectured disease. Dr. Williams ascribes the decrease in the purulent expectoration, which sometimes, or as he supposes often, or always follows the use of cod-liver oil in phthisis, to the great affinity of the oil for oxygen; on the theory that the pulmonary suppuration is caused by too great a supply of oxygen, which undue supply being intercepted by the oxygenation of the oil, the formation of the pus globule is thus arrested or prevented. Now, since the suppuration, or its sign, the purulent expectoration, is the essential characteristic of the disintegration which is taking place in the pulmonary tissue, to ascribe *it* to an undue supply of oxygen is, virtually, to assume that an undue supply of oxygen is the proximate cause of the disease. If Dr. Williams could have proved this, or rendered it even probable, he would, we venture to think, have effected more for the future eradication of the fell disease than his Cod-liver oil, largely as it has been swallowed, and much as Dr. Bennett and other lecturers have dilated on its marvellous virtues, has yet accomplished. But we greatly fear the theory was invented to fit the remedy rather than the disease for which the remedy was to be prescribed. In the suppurative stage of phthisis, there, doubtless, is a departure from the normal respiratory balance, as to the oxygen taken in and the carbonic acid given off by the lungs; and it may be even assumed that there is an undue quantity of oxygen inhaled *relatively* to the carbonic acid given off, since the latter is below the normal standard. But this is not to show that there is *actually* too much oxygen inhaled, far less that an over-supply of oxygen is the *cause* of the pulmonary suppuration. For, as we have already indicated, this derangement in the respiratory balance depends primarily on the pulmonary organic lesion; and secondarily, on the state of the blood, which is imperfectly aërated, imperfectly purified, and decarbonised, and so imperfectly fitted to nourish the other organs and tissues to which it is distributed. Thus we might maintain that, in phthisis, the blood *wants* oxygen—which in fact it does—and, that *therefore*, the want of oxygen is the proximate cause of phthisis, which would be scarcely more delusive than most of the other theories which have been so confidently enunciated by the Williamses and the Bennetts, of Cod-liver oil and phthisis.

Other orthodox authorities on phthisis, who are unwilling or unable to deny the virtues of cod-liver oil, after all the noise that has been made about it by their colleagues, and since they, like most other physicians, have observed occasional benefit to attend the use of it in their own patients (just as the obscure village doctors and old fishwives formerly observed the same thing—*empirically*), do nevertheless, like sensible and candid men, refuse to admit its special value in the treatment of the disease for the cure of which it has been resuscitated professorially. Dr. Theophilus Thompson* has "found reason to conclude that its efficacy in consumption depends not on any specific adaptation to that particular disease, but on qualities† which render it of equal or superior value in other disorders." On the whole, we may safely predict—since there is really no scientific, or chemico-physiological, evidence in support of its pretensions—that cod-liver-oil in phthisis, having fretted its brief hour on the medical stage, will ere long make its exit, to be succeeded by some newer remedy, perhaps of less, perhaps of greater value; and that, as it was left to obscure village doctors and old fishwives to introduce it to the notice of suffering humanity, so, should the Schools ever again allow it to fall into unmerited neglect, that experienced empiricism which is the only salvation and the only rational faith for *orthodox* therapeutics, will again restore it to its proper place in practice.

In noticing, among others, some climatal objections to which the views of Liebig have seemed to some writers obnoxious, we observed, that such objections apply for the most part to special cases and circumstances only. It is an unquestionable fact, that the saccharine fruits and starchy plants of warm countries, on which the native inhabitants naturally and chiefly subsist, contain an excess of oxygen, while there is an excess of carbon in the kind of food mostly consumed by the inhabitants of cold countries; and this corresponds generally to the state of the atmosphere in relation to respiration, the air being denser in a cold climate, the cold accelerating the respiration, and the consumption of oxygen and carbon being greater, or, in other words, the respiratory function being naturally in excess in a cold country as compared with a warm.* And, on the whole, Nature's usages in the matter of human aliment seem to coincide not ill with the general conclusions of modern organic chemistry as applied to physiology. Nature provides milk as the food of the infancy of man and the youth of other animals; and milk is the only single article of diet which ranks chemically as a model food. Among pastoral and agricultural communities, in which, from the cheapness and plenty of the cerialiæ, there is a temptation to subsist too exclusively on an amylaceous, or vegetable or glutinous diet, milk, butter, and cheese, as articles of coincident production, are in general also consumed, and serve as corrective adjuncts to what might otherwise, and sometimes does, prove in the long run (witness the occasional outbreaks of land-scurvy, &c., where the diet has been too restricted for a length of time, as sometimes among bands of navvies) an unhealthy diet. The farinaceous and vegetable diet of some savage tribes and some rural communities—as the Scottish peasantry, for instance—has been adduced in proof of man's adaptability to an exclusive diet, generally in forgetfulness or ignorance of the extent to which milk, and probably other corrective adjuncts, enter, occasionally, at least, into even such systems of diet. In the cities, and among the highly civilised communities of Europe, where animal food, containing albumen, fibrin, and animal fat and oil, is habitually consumed, a great variety of vegetables and farina—as bread, rice, potatoes, beans, peas, &c.—is commonly used at the same time, giving nearly to every meal a corrective proportion of amylaceous principles, without which it would neither be so well relished nor so well assimilated. A varied diet, into which the different elementary principles of the food correctively enter, is thus seen to be the rule and habit of life, wherever obtainable; and it seems doubtful whether any authentic instance can be advanced of a literally exclusive vegetable or farinaceous diet obtaining with persistence among any prosperous community. It is true, that the diet of a particular country or region may be necessarily a restricted one, if not always, at least for the greater part of the year. In extreme northern latitudes, a diet of animal blubber, and flesh of seal and reindeer, more or less imperative on account of the cold, as well as the sterility of the ice-bound soil, is not indeed chemically perfect, except in one direction—that of respiratory food. It may be held to want saccharine and starchy principles, to meet fully the requirements of that *balance* of the various functions to which, and to its importance under certain pathological no less than physiological conditions, we have so often already alluded. But it may be noticed, that if the climate does not admit of the perfection of diet, neither does such a climate admit of the perfection of development and intelligence among the natives who live in it. The physical and mental development of the hyperborean races is not, as compared with that of more favoured peoples, a standard development; and this, taken in connection with other considerations of a kindred bearing, which our space will not permit us to enlarge upon now, would seem to indicate, that while such races are fitted for their climatal position, there is a relation more intimate than has been commonly remarked, and of the kind which subtends cause and effect, between the climatal position and dietetic habits, and the physical and intellectual development of a people: the leading nations of the world being not only of Caucasian race and of Saxon or Celtic stock, but also placed centrally, beyond the dwarfing influences of extremes in climate and exclusiveness in food.

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* Vide his *Lectures on Pulmonary Consumption.*

† Possibly, as some think, referable to the phosphorus and iodine it contains.

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* Liebig holds that, to keep a person in health, his food, even in the temperate parts of Europe, should contain a full eighth more carbon in winter than in summer.—Vide his *Animal Chemistry*.

Without now entering on some considerations* which seem to modify, in other directions, the current views which are based on Liebig's theory and classification, we must allow that these views, in their immediate bearing on the subject of this paper, are to some degree wanting in speciality, and otherwise obnoxious to that analytic scrutiny which it is comparatively so easy to apply to them hypercritically. Probably they make too little account of the phenomena of innervation, and of *vital* as distinguished from *chemical* action. They constitute, in fact, a chemical rather than—but still not in opposition to, or to the neglect of—a physiological solution of the subtle problems with which they deal so simply and brilliantly. Withal, we believe they account for the phenomena—digestive, assimilative, alimentative, and respiratory—better and more exhaustively than any other theory which can at present be substituted—standing, indeed, alone in this regard; and therefore we view them as generally, if not specially, worthy of acceptance. They have been announced, as most deductions have been announced, perhaps too unreservedly and dogmatically at first; but if there be a general truth in them, their synthetic form gives strength and not weakness to that truth. They constitute, in fact, a comprehensive generalisation, which, whatever be its errors of detail, points in the direction of higher and simpler gene-

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* Of these, the most important and interesting has reference to the influence the nervous system undoubtedly exercises over the functions of secretion, assimilation, and respiration—an influence not yet sufficiently defined or

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understood. Some writers, as Sir B. Brodie, have even held that animal heat is *generated* by the nervous system; and while we have had occasion in another note to dissent, as a matter of course, from such a conclusion, we must nevertheless admit that the production of animal heat, like secretion, is more or less directly *influenced* by states of the nervous system. This influence of the nervous system, under certain emotional and other conditions, has been matter of world-old observation, but demands at the hands of physiologists more special investigation, as the pathological experiments and speculations of Claude Bernard (alluded to in a former note), and others, sufficiently indicate. Virchow believes that, in all probability, there is a special ganglionic centre for the regulation of animal heat; and what seems to render this not unlikely, is the observed fact, that in certain diseased or abnormal conditions of the nervous system, the temperature of the body generally, or some part of it specially, undergoes an increase, without any corresponding change taking place in the respiration: this is the case in tetanus. A persistent high temperature follows section of the sympathetic nerve in the neck, in the corresponding side of the face; and there are some other facts of an allied kind, which it might be interesting, but only theoretically, to adduce in this connexion.

ralisations, yet of possible or probable discovery; and which, meanwhile, far from proclaiming antagonism betwixt the merely organic and the truly vital phenomena, aims—imperfectly, as yet, it is true—at reconciling them, by hinting very significantly that they are coherent and mutually illustrative.

While as to the investigations which pertain to the more exact sciences—those of astronomy, for instance—the deductive method of research is considered not only admissible, but here and there quite indispensable, an opposite view extensively prevails as to the prosecution of those scientific inquiries which directly concern themselves with vital and organic phenomena. In the domains of modern medicine, a delusive tendency to set up induction, *as apposed to* deduction, extensively prevails. It is not seen, evidently, that the inductive and deductive methods of observation and research are really allied, and necessarily meet at their extremes; and the general scope of the Baconian philosophy, which is not condemnatory of a deductive method, but only expository of an inductive, has been much misunderstood and misapplied. Hence now, as when Harvey lived—and almost starved for his pains—the expounder of a generalisation, be it anatomical, physiological, chemical, or therapeutical, is nearly sure of being welcomed derisively, and treated as a presumptuous innovator who has forsaken the old beaten analytic path of plodding induction. Even the fame and genius of a Liebig—even the fact that he does not belong to, and has nor part nor lot in the contentions of practical medicine—have hardly sufficed to save him from being included in the general denunciation.

And yet, of mere theorists what a plenty is there—as witness nine-tenths of the dreary works on "medical science" which issue so unremittingly from the press. These wordy theorists are the very men who are ever ready to strangle originality in thought, and to denounce generalisation in method. There is, however, between settled theory and true analogy a wide difference; and we have it in view, in a future paper, to revert to this distinction, and, partially, at least, to illustrate it.

(*To be continued.*)

ETHICAL IMPEDIMENTS TO THE PROGRESS OF HOMŒOPATHY THROUGHOUT THE PROFESSION.*

By Alfred C. Pope, M.R.C.S.Eng., of York.

Mr. Chairman and Gentlemen,—I feel much pleasure in congratulating you on our meeting here this evening to inaugurate the fourth session of our Society. This Society has been formed, as you are aware, for the purpose of promoting amongst us the cultivation of medical and surgical science, of developing in each of us a spirit of inquiry into all that pertains to the practice of our profession, of enabling us to communicate to, and to discuss with each other the results of our individual experience and research, and of supplying us, at the same time, with frequently recurring opportunities of fostering that spirit of cordial union so pre-eminently essential to a complete promulgation, not merely among the public but throughout the profession, of those old though long latent truths we all acknowledge as constituting the only basis upon which a thoroughly scientific therapeia can be established. That our Society has been successful in accomplishing these ends, so far as its sphere of operation has permitted, I am fully convinced; and heartily do I rejoice at the harmony which has prevailed amongst us, and in the many and valuable opportunities our réunions present of adding to our stores of practical professional information. Most earnestly do I trust that the meetings, during the session we are entering upon, will be characterised by the same hearty earnestness in scientific investigations as their predecessors; and that the social intercourse we are enabled here to indulge in may tend to increase our esteem for, and our interest in the welfare of each other; that we may be united together, not merely by the outward forms common to all scientific associations, but by those true bonds of brotherhood—*mutual respect, mutual confidence, and mutual sympathy*. Comparatively few in number as homœopathic practitioners are, great as is the work we have undertaken to perform, and deeply rooted as is the opposition we have to contend against, such a union is before all things essential to us. With it we are powerful, though numerically feeble; without it, we are capable of accomplishing little, be the facts we have to urge upon the attention of the profession ever so true. There is, I cannot but fear, good ground for the assurance that, had it not been for the dissensions, the *personal dissensions*, which have occasionally become notorious among homœopathic practitioners, the system of therapeutics we so highly value would, ere this, have met with a far more general acceptance among our professional brethren than it has done. I am happy to believe that such unseemly relationships, or rather absence of relationship, are much less general than once they were; and to know that in most—would that I could say in all—localities where estrangement has at one time subsisted between our homœopathic medical brethren, they are now heartily co-operating in making the superiority of homœopathy over all other therapeutic systems to be both seen and felt.

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* An Address delivered before the Members of the Manchester Homœopathic and General Medico-Chirurgical Society, at the commencement of the Session, 1860-61.

Courtesy, gentlemen, towards each other, a sensitive jealousy of each other's honour, of each other's good name—a constant readiness to render each other all the professional support and assistance the peculiarity of our position at times requires, and a rigid compliance with all the dictates of professional etiquette, are alone requisite to ensure the unity which is so essential to the attainment of that success we are each of us striving to acquire.

It is, I firmly believe, in such societies as ours that these feelings can best be cultivated; and to see one established in towns or districts wherever three or four of our body could be collected together, we might indeed deem a good omen for the future of homœopathy.

While the absence of that union amongst us who are believers in and promoters of a knowledge of therapeutic truths so vast and so important as those comprehended in the word homœopathy, has rendered our influence over the minds of the profession weaker than it might have been, I fear that our opportunities of drawing the attention of allopathic practitioners to the investigation of homœopathic therapeutics have been in some degree lessened by the mode in which we have received their attacks upon us and upon our system of treatment, and by in some instances our withholding from them that courtesy to which, as members of the medical profession, they were entitled; owing doubtless to the assumption that their conduct towards us had deprived them of any of those claims to consideration their professional relationship might otherwise have secured for them. The imputation to allopathic practitioners of impure motives for opposing homœopathy, and the violent denunciations of their methods of treatment which have so frequently and so unnecessarily been made by homœopathic medical men, have also, it is more than probable, tended to prevent their according to us that impartial hearing the subject we have to submit to them demands. Such conduct I cannot but consider as ethically improper, while as regards the progress of homœopathy it is, so to speak, politically injudicious.

The possibility of impediments to the advancement of homœopathy existing in the directions I have pointed out, of any hindrances being in fact of our own creation, is, I am sure you will agree with me, of sufficient importance to demand our careful consideration, and to render needless any apology on my part for bringing the subject under your notice this evening.

A few remarks on the position which our allopathic brethren occupy towards homœopathy may enable us more clearly to understand our relation to them.

In the present state of the allopathic portion of the profession, nothing is more striking than the almost entire absence amongst them of correct information as to the theory and practice of homœopathy. False, or I would rather say erroneous, assumptions regarding the nature of our therapeutics, and as to our professional education and social status, may be taken as the basis of the numerous attacks of a coarse, unwarrantable, and utterly unscientific character that have from time to time been made upon us. Deriving their information on the subject of homœopathy from sources such as these, and accepting the directions of the editors of medical journals and of the leaders in some medical societies, all equally ignorant of homeœopathy, and all equally unconscious of their ignorance, the conduct of our medical brethren, with whom we daily come in contact, has become both unjust and oppressive. We cannot altogether be surprised that men of long standing in the profession, without any experience of homœopathy, and accustomed to receive with confidence and respect the *ex cathedra* statements of university professors, hospital teachers, and medical journalists, should, deriving as they do their information on the subject exclusively from these sources, entertain very deeply rooted prejudices against homœopathy, or that these should be reflected in their conduct towards those who practise it. And further, to receive as truth the perverted representations of homœopathy presented by allopathic writers to the general body of the profession, those so addressed are prepared by education, by habit of thought, by the full conviction they have, not only of the necessity for, but of the positively curative properties of large doses of active medicines. Homœopathy presents to the mind of an allopathic practitioner, even when expounded by those who are well informed upon the subject, so complete a revolution in therapeutics, one which, when looked at by the light of his past experience, must appear of so highly improbable, if not impossible a character, that we cannot wonder at his readiness to accept the explanations of the success of homœopathic practitioners that have been published by writers against our system. He consequently believes homœopathy to be a great and dangerous error in therapeutics; he does so, it is true, upon insufficient evidence, or rather upon no evidence at all, but still upon what he believes to be sufficient; therefore, his convictions, however falsely grounded they may be, are honestly formed, and we are not only without any right to doubt that they are so, but are, on the contrary, bound to treat them as such.

Time was when the majority of those now practising homœopathically practised and believed as do those of our brethren who are ignorant of the great therapeutic truths, a knowledge of which we have been permitted to receive. The remembrance of this fact should lead us to treat with charity the views and actions of those with whom we once agreed, but from whom, owing to an increase of knowledge on our part to which they have not attained, we now very considerably differ. Ignorance, then, of what homœopathy really is, of what its practical results really are, together with the belief that they are adequately informed upon both points, and not the base and mercenary motives too frequently ascribed to them, constitute the grounds upon which allopathic practitioners have so violently opposed homœopathy, and have isolated themselves from those who practise it.

As medical men who have had a great amount of practical experience of homœopathy, whose opinion on the subject is therefore entitled to weight and consideration,—whose especial duty it is to press upon our medical brethren the claims of the therapeutic truths we have tested,—our great object must be the removal of this ignorance. As a preliminary step to this end it is necessary that we so conduct ourselves towards our allopathic brethren professionally as to ensure, so far as we can, obtaining a patient hearing from them; and, again, so to discuss the question of homœopathy, whether in print or conversation, as to prevent by our manner or statements the existence of any impediments to a real investigation of our system by them. In discussing the subject, we ought at all times to keep closely to the questions at issue; and in replying to any of the numerous attacks made upon us, we should especially avoid all reference to the coarse, unmannerly, and unjust insinuations these so frequently contain. They are worthy only of our contempt—are utterly beneath our notice; they simply argue a deficiency of information, violent prejudice, or a bad cause, and we may therefore safely regard their influence as to the last degree unimportant.

Further, we are, as I have already observed, bound to concede to our opponents credit for as much purity of motive in opposing as we feel to animate us in defending homœopathy. It is absurd as well as culpable to imagine that men are morally wrong because they cannot see the facts we place before them, and the evidence we adduce in their support, in the light we do. Again, with allopaths we have much more in common than either we or they generally suppose. The chief if not absolutely the only point on which we positively differ is the theory on which remedies should be prescribed, and even here not to the extent usually stated; for some of those who have opposed themselves to us in a very public manner, to wit, Dr. Christison and Dr. Routh, have admitted the validity of the law of *similia similibus curantur*, as one of several therapeutic principles occasionally available in practice. Many of the drugs in ordinary use are homœopathic to the diseases in which they are employed; such, for example, as Sulphur and Arsenic to many of the skin diseases in which they are exhibited; Tartar emetic to pneumonia; Opium to some forms of delirium tremens; Quinine to ague in some instances, as well as to certain forms of debility, in which it is frequently prescribed as a "tonic." This list might be greatly extended, and is daily becoming larger by the adoption of medicines commonly used by us in the very cases in which we are in the habit of ordering them. Equally with them we acknowledge the necessity of unravelling the nature of disease by all the aids that physiology and pathology can supply. The value of investigating the nature and properties of drugs by experiments upon the healthy is admitted by many, and unwittingly acknowledged by most if not by all allopathic practitioners. And lastly, our mode of diet and regimen in no way differs from that of the generality of medical men.

With our allopathic brethren we are then much more in harmony on matters of scientific and practical detail than is ordinarily admitted; while as to the extent to which certain very important principles are capable of development—as to the comparative value of different therapeutic theories—as to the utility of composite prescriptions, and the necessity for considerable quantities of medicine, we entirely differ from them. These are the questions we are so desirous of bringing under their notice, and I am persuaded that were our intercourse with them greater than it is we should, with much less difficulty, ensure their candid attention to them, than in our estranged condition we are able to do at present.

It is, I am well aware, a general rule among allopathic practitioners to refuse to meet us in consultation, whether in medical or surgical cases. This is alike uncourteous to us as medical men, unjust to the sick who may desire our advice or opinion, or who may on the other hand wish us to be assisted by them, and unquestionably detrimental to the interests of science and of truth. I am happy, however, to know that such conduct is not so common as it was, and that it is especially less so among the more eminent in the profession, among those who are most frequently brought into indirect communication with us. On our part I am of opinion that such interviews should be rather cultivated than declined. We may gain much from our allopathic brethren in the matter of diagnosis; and further by a temperate discussion of plans of treatment, by drawing attention to the injurious as well as the beneficial actions of remedies, we may have many and valuable opportunities of bringing the importance of homœopathically selected medicines under their notice. And occasionally it occurs that by some harmless concession in the quantity of the dose we may be able to agree upon a plan of action both useful to the patient and interesting and instructive to ourselves and our colleagues. Such occurrences are, I think, of the greatest value in spreading a knowledge of homœopathy; of showing what it really is—that essentially it is a question of therapeutic principle—that the dose is regulated by the requirements of each case, and that infinitesimality in this respect is not a *sine quâ non* of pure homœopathy. When consultation cannot be secured, and patients of our allopathic brethren place themselves under our care exclusively, we ought, if it be necessary to remark at all upon the treatment they have previously undergone, scrupulously to avoid saying anything, either directly or indirectly, which would reflect upon the professional character of their previous medical adviser. It is perfectly possible for us to express our own views as to what *we* may consider proper practice without casting any unjust or uncourteous reflections upon our predecessors in the management of a case. We shall generally find that they have however erroneously still anxiously endeavoured to relieve the patient, and have done what they have done with this end *solely* in view. In the same spirit let it be our part then simply to endeavour to bring the great truth of homœopathy to bear upon disease; not forgetting that with the additional light we are thus possessed of failure is with us less to be expected, and therefore less pardonable, *cæteris paribus*, than it is with allopathic practitioners.

In publishing expositions of homœopathy, of its theory and practice, the same feelings should constantly actuate us. We ought on all occasions to be guardedly *impersonal;* calmly and scientifically to discuss the principles we have undertaken to explain; avoiding everything in the shape of an attack upon those who differ from us, or abusive denunciations of their practice.

In private practice it is our duty to regard with equal consideration the professional interests of those of our medical brethren from whom we differ therapeutically, as we all unhesitatingly would do those of them with whom we are agreed on points of treatment. A medical man never so much lowers his professional status, as when he endeavours, by means direct or indirect, to interfere with the management of a case in the hands of a professional brother, be he homœopath or allopath. It is better far, when asked to express an opinion regarding the treatment of a case already under medical surveillance, courteously to decline doing so, than by any remarks or inuendoes, however slight, to weaken the confidence the patient has reposed in the practitioner he has consulted. To do so is in point of fact to endeavour to take the case out of his hands and to have it placed in ours. Such opportunities of adding to his list of patients are frequently presented to the homœopathic practitioner, but a regard for the interests of his medical brethren—for the *weight of his own moral influence upon them*—ought at once to cause him to repel all such adventitious, such disreputable methods of enlarging a *clientelle.* But the friends of a patient already somewhat favourably impressed with homœopathy will, occasionally, go farther than merely asking us questions bearing upon the value of the treatment being pursued by our allopathic brother, and the influence it will probably have on the duration of the illness; totally ignorant, I suppose, of the relationship subsisting between medical men, they have not only asked for an opinion but have requested a prescription, or, what amounts to the same thing, have expressed a desire to know what medicine a homœopathist under the circumstances described would recommend. And this request is made, without any intention on the part of the patient or his friends of suggesting a consultation to the gentleman first called in, or of expressing to him any desire for our advice, but on the contrary; while he is still in attendance, while he is still anxiously endeavouring to benefit the patient, is still prescribing medicines, is perfectly unconscious that the confidence of his patient is being gradually filched from him :—we may even be asked to see the patient, when some well-informed spy has learned that the allopathic practitioner is safely out of the way! The medicines he prescribes, it is further promised, shall not be given; while, on the other hand, any directions we may advise shall be scrupulously attended to, if we will only comply with the requests made to us! The mode in which we should treat all such overtures cannot, I feel sure, be doubted by any I am now addressing. A firm but courteous refusal to entertain them for a single instant is, under any and all circumstances, in the highest degree essential to the maintenance of both our social and professional respectability. To do otherwise is to commit a gross wrong towards a professional brother. It may be urged that homœopathy is a boon so great, that we are bound to confer it whenever and however an opportunity is presented to us. That homœopathy is a blessing the possession of which is of vast and often of vital importance, no one can be more deeply sensible than I am. But because such is the case, I cannot admit that we are bound to outrage our feelings of professional honour and integrity to enable those desirous of enjoying it having it placed within their reach. If, as I cheerfully acknowledge we are under obligations to give it as wide a scope as possible, those to whom it is especially of value have *their obligations towards us to fulfil*, before they can become entitled to it. Should a consultation with the practitioner in attendance be arranged it is our duty to accede to it; and then to point out those measures for his adoption which we believe to be most calculated for the recovery of the patient. Should such a meeting be declined by the medical adviser of the patient, it then rests with those whose interests are most involved to decide whether he should be requested to resign his charge, and a homœopathic practitioner called in. But in forming this decision, we ought carefully to abstain from taking any part. The value and importance of homœopathic principles have been sufficiently written upon, are well known enough to render more than needless any obtrusion by us, either of them or of ourselves as the representatives of them, upon those already under the care of a medical man. To do so is to lower ourselves to a system of touting for patients; or, in the phraseology of the tradesmen of this city of "hooking customers." To prescribe for a patient without the sanction or co-operation of the medical man under whose care he is when asked to do so is, as I have already observed, to commit a gross wrong to a professional brother; and further, I have no hesitation in saying, that were such conduct regarded in its proper light, the mere proposal that we should take such a course would be deemed by us to be little short of a personal insult. To believe a medical man capable of such sneaking, underhand work is more than to doubt his sense of honour; while for one medical man so to treat his brother practitioner is simply degrading, is in the end utterly demoralising—*facilis descensus averni*—and the man who can see in the fact of a difference of therapeutic views, an argument for practising a deliberate deception upon a medical brother will, ere long, find some other reason equally satisfying to his already blunted conscience to overreach one whose mode of treatment may be identical with his own.

Let us ever, gentlemen, keep constantly before us the great fact, that we are members of a liberal profession, whose honour and dignity we are bound to maintain. It is not only our duty to be careful that we infringe upon neither, but that we do not allow the conduct of others towards ourselves, however improper, however unjustifiable, savouring however much, it may be, of the prejudices arising from ignorance, to influence us in the performance of any obligations our professional relationship to them may have entailed upon us. In short, we ought not to see in the absence of any professional courtesy on the part of allopathic practitioners towards ourselves, a reason for our withholding from them that which we consider we have a right to receive from them, or, in other words, for refraining from doing that to them which we *would* that they should do to us.

There is, I fear, too great a disposition among homœopathists to think, that because every man's hand appears to be lifted against them, therefore they are bound to raise theirs against every man—that because they are the daily victims of slander and intrigue, therefore they on the other hand are justified in endeavouring to secure public confidence, *per fas aut nefas.* Most thoroughly convinced I am, that this feeling is a wrong, a truly morbid one, and by its results calculated greatly to lower that high tone of professional feeling we ought at all times to cultivate—to diminish that *esprit de corps* which ought to animate all professional bodies, which is indeed the only guarantee of their healthy vitality. Not only does such a feeling operate prejudicially to us as individuals, but it also tends greatly to widen the breach which has been formed between us and our allopathic colleagues; and in proportion as such a result is occasioned, is the progress of homœopathy throughout the profession impeded. It cannot be denied that the merits of homœopathy as a system of medicine are, to a very great extent, gauged, not by the scientific attainments, but by the professional character and conduct of those who practise it. How essential then is it that these should be beyond suspicion! By a courteous treatment of our medical brethren we must in no long time ensure their respect, and may possibly also obtain their esteem; and having so done, we are placed in a position which enables us to press upon them with tenfold greater power the investigation of those views in medicine they have previously regarded as absurd, as entertained by mere adventurers only, as unworthy the attention of any man desirous of being esteemed an honourable and respectable member of his profession. We may rest well assured, that upon our attention to those laws which regulate the conduct of medical men one towards another, and towards each other's patients, upon our courtesy to our allopathic brethren, whether on terms of intercourse with them or not, upon our firmness in declining any underhand interference with their patients, the spread of homœopathy throughout the profession very greatly depends.

May it then, gentlemen, be the uniform aim of every member of this society, of every homœopathic practitioner throughout the country, so to bear himself towards those whose medical tenets are the same as his own, and towards those who in some points differ from him, as to render it impossible to charge him with having by any act or deed placed a stumbling-block in the way of a rapid and general spread throughout the profession of the great therapeutic truths he has embraced.

HOSPITAL REPORT FOR THE YEAR 1859, OF THE HOMŒOPATHIC INSTITUTION

UNDER THE DIRECTION OF DR. WURMB, AT LEOPOLDSTADT, VIENNA.

By the Assistant-Physician, Dr. M. Eidherr.

DISEASES OF THE		Remaining from December, 1858.	New cases.	Cured.	Relieved.	Transferred.	Died.	Remaining in December, 1859.
General System	Ascites	..	2	2	..	..	..	..
	Cachexia post intermit....	..	2	2	..	..	..	..
	Intermittens	1	19	20	..	..	..	..
	Rheumatism	8	149	156	..	..	1	..
	Scorbutus	..	1	1	..	..	..	..
	Tænia..................	..	1	..	1	..	..	..
	Typhus	12	105	95	..	..	14	8
Nervous System	Apoplexy	..	1	..	..	..	1	..
	Encephalomalacia........	..	1	..	1	..	..	..
	Meningitis..............	..	1	..	..	..	1	..
	Congestiones............	..	4	4	..	..	..	..
	Convulsiones............	1	1	2	..	..	..	..
	Hemicrania	..	17	17	..	..	..	..
	Hysteria................	1	4	..	4	..	..	1
	Epilepsia	..	1	..	1	..	..	..
	Cardialgia	1	12	12	..	..	..	1
	Ischialgia	..	3	3	..	..	..	..
	Spasmi	..	4	3	..	..	..	1
Ear	Otitis	1	1	2	..	..	..	..
	Surditas	..	1	..	1	..	..	..
	Carried forward..	25	330	319	8	..	17	11

DISEASES OF THE		Remaining from December, 1858.	New cases.	Cured.	Relieved.	Transferred.	Died.	Remaining in December, 1859.
	Brought forward..	25	330	319	8	..	17	11
Respiratory Organs....	Catarrhus laryngealis acutus	..	5	5	..	..	..	..
	— — chronicus	..	2	2	..	..	..	..
	— pulmonalis acutus	3	49	50	..	..	..	2
	— — chronicus	..	4	4	..	..	..	..
	Exsudatum pleuriticum	..	9	8	..	..	..	1
	Hæmoptysis	..	2	2	..	..	..	..
	Pneumonia	..	18	17	..	..	..	1
	Tuberculosis	..	14	..	3	..	11	..
Mouth and Digestive Organs....	Angina	..	51	48	..	..	..	3
	Odontitis	..	3	3	..	..	..	..
	Parulis	..	3	3	..	..	..	..
	Stomatitis aphthosa	..	1	1	..	..	..	..
	Gastrocarcinoma	..	1	..	1	..	..	..
	Catarrhus gastro-intestinalis	5	127	128	..	..	..	4
	Dysenteria	..	5	4	..	..	1	..
	Diarrhœa chronica	..	1	1	..	..	..	..
	Peritonitis	..	27	25	..	..	1	1
	Exsudatum peritoneale	..	2	2	..	..	..	..
Heart	Aneurisma aortæ descendentis	..	3	..	1	..	..	2
Liver	Icterus	..	9	7	..	..	..	2
	Hepatitis	1	1	2	..	..	..	..
Uterus, &c.	Dysmenorrhœa and Amenorrhœa	1	30	30	..	..	..	1
	Chlorosis	..	3	2	..	..	..	1
	Menorrhagia	..	9	9	..	..	..	..
	Metrocarcinoma	..	1	..	1	..	..	..
Skin, Joints, and Bones..	Combustio	..	3	3	..	..	..	..
	Contusio	..	1	1	..	..	..	..
	Erysipelas faciei	..	16	16	..	..	..	..
	— pedum	..	3	3	..	..	..	..
	Phlegmona	1	8	8	..	..	..	1
	Periostitis	..	1	1	..	..	..	..
	Trauma	..	3	3	..	..	..	..
	Tumor albus cubiti et genu	..	2	1	..	..	..	1
	Coxitis	1	1	1	..	1	..	..
	Morbilli	..	2	2	..	..	..	..
	Scarlatina	..	4	4	..	..	..	..
	Variola	3	9	7	..	5	..	..
	Psoriasis	..	1	..	..	..	..	1
Glands	Adenitis	1	1	2	..	..	..	..
Muscles	Psoitis	..	1	1	..	..	..	..
	Total....	41	766	725	14	6	30	32
		807		807				

REMARKS ON THE STATISTICS OF THE ANNUAL REPORT.

According to the above table, there were 766 patients admitted in the course of the year. The time of their residence at the Institution makes a sum total of 12,325 days; giving an average of about 16·8 to each individual, and, as to the several diseases, 24·7 days for typhus; 13 for pneumonia; 15·1 for peritonitis; 16·1 for ague; 10·2 for erysipelas; 8 for dysentery; and 9 for angina. The average time of medical treatment was —in typhus, 19·7 days; pneumonia, 10·1; peritonitis, 12·2; ague, 9·6; erysipelas, 7·3; dysentery, 6·2; and angina, 6·5 days. The proportion of mortality shows very favourably, being, to the admissions, as 30 to 807, or 3 per cent.; to the cured, as 30 to 725, or 4 per cent. And these would be lowered further by omitting the 11 deaths by tuberculosis, two of which occurred in the case of patients brought to us in a dying state, at the clearing of the Filial Hospital, Leopoldstadt, in the second quarter. The minimum of mortality was by rheumatism, 0·6 per cent; the maximum by tuberculosis, 78·5 per cent. By typhus, 13·5 per cent.; peritonitis, 4; dysentery, 25 per cent.

ASCITES.

Rather a severe case in the first half of September, probably caused by a long standing ague. The patient looked anæmic; colour of skin dingy and pale; sclerotica nacreous; tongue clean, and with the mucous membrane pale; face puffy; abdomen much swollen, and the contained fluid moves with a change of posture, but with hardly any pain; spleen enormously enlarged, but slightly œdematous; appetite moderate; no thirst; sleeps well; pulse 112; weak; improving under Arsen., and in 60, No. 13, p. 103, the cure is reported as completed.

In October a case of mysterious origin. A single woman, aged 42, never before ill, and was always *regular*. Without any known cause the abdomen began gradually to swell, with loss of appetite; as the swelling increased costiveness set in with first difficulty, and then complete retention of urine, on account of which she came into the hospital. The distension and extensive dulness on percussion must have led us to consider her in the seventh month of pregnancy, had not examination proved the contrary. The uterus stood lower than usual, was of normal dimensions, and moving it had no influence on the swelling, but *vice versâ.* The urine, drawn off artificially, amounted to two quarts, soon became turbid, was slightly alkaline. With Nitric acid it gave a white precipitate, which after long standing remained suspended, but dissolved again on boiling, urates. In half an hour the urine formed a copious sediment, and in two hours acquired an intensely putrid smell. After drawing off the urine the abdomen was less distended, yet the dulness remained unaltered. Free fluid in the abdomen could not be detected, as neither fluctuation nor any change in the sound could be observed during change of posture. The patient looked deeply distressed; the tongue was coated, and appetite and sleep failed almost entirely; the pathological change in the organs of the chest or abdomen could be made out; pulse 120. She only complained of extreme uneasiness and burning in the median line of the abdomen, two fingers breadth below the navel. She took Arsen. 15th decimal dilution; for three whole days the urine, which was always abundant, had to be drawn off; on [the fourth day it could be passed naturally, and on the second day free fluid in the cavity was indicated, and by the sixth day amounted to a considerable quantity.

INTERMITTENT FEVER.

An ordinary case of tertian, corresponding completely to Nux vom., occurred in the first quarter. A perfect cure was effected, four paroxysms having occurred during treatment. In the second quarter the intermittent was signalized by the long continuance of thè paroxysms, the hot fits being the more severe and lasting of the two; the sweating fit corresponded entirely with its forerunner, and the cold one was often barely perceptible, or if it did continue for any length of time was more severe. As to the type, four cases were quotidian and three tertian. Another commenced as quotidian, but latterly became tertian. The quotidian was more frequent in the former half of

April; the tertian in the latter. Some cases of quotidian were alternately milder and more severe [*febris tertiana duplex? Red.*] In the tertian cases several individual fits came on some hours before the time. Another peculiarity was the rapid effect of the morbid process on the spleen and digestive organs. The spleen suffered considerable enlargement after the second or third paroxysm. The effect on the latter organs was specially manifested by disturbance or total loss of the previous good appetite, and by pressure on the stomach, with eructation, etc.; even after a few paroxysms the number of fits in each patient varied from four to seven. In a woman fifty years old, who suffered from ague for a whole year continuously, and whose digestion was quite disturbed in consequence, with anæmia and dropsy to a serious extent, the paroxysms amounted to thirteen, in uninterrupted succession. In her case Arsenicum was the leading remedy.

The greatest number of cases in the third quarter came under treatment in August. They proved, with few exceptions, very obstinate agues, as almost all the patients came from Zwiebrucken, a district lying between the arms of the Danube. This little place, consisting of a few houses inhabited chiefly by day-labourers, is, with its environs, exposed to the inundations of the Danube, which overflows in the spring and in long continued rains, when, owing to the unevenness of the surface, stagnations of greater or less extent remain after the abatement of the main body of water; forming small swamps and morasses, by which the already ill-ventilated and shut in air of the meadows, impregnated with various vapours, is still more infected; and this, as well as living closely packed in low damp cabins, with very bad innutritious food, gives rise, proximately, to the intermittent fever. That the condition of the soil and situation ought to be advanced as the main and primary causative element, is proved by this circumstance, that in the specified locality, although the ague is to be found there all the year round, yet it sets in far more frequently and intensely in the summer and autumn months, when the atmosphere, in consequence of the more rapid decomposition of organic matter, contracts the greatest amount of impurity.* These fevers are marked not only by long duration of sickness, but also by the severity of the several attacks by the deep implication of the whole organism, by tumours of the spleen and liver, and by subsequent dropsy. As regards the type there were, out of ten cases of intermittent fever under treatment during this quarter, eight tertian and two quotidian.

Intermittent fever was confined to the three first quarters. As regards the type, the tertian prevailed; thirteen out of the twenty cases being in that form. Of these thirteen, only five were regular in their period, and of the eight irregular, six were anticipating, two retarding. It was often remarked that the fits ceased for three to eight days, and then recommenced; not unfrequently with a change of type. Thus, *e. g.*, in three cases the paroxysms reappeared as quotidian instead of tertian. But the quotidian became tertian in a single case only. The number of fits previous to entering the institution could not always be ascertained. In the institution, however, they varied from two to thirteen; three fits occurring in two patients; four in five; five in five others; six in two; and two, seven, eight and thirteen fits in one patient each. Those who underwent more than six fits in the institution had suffered previously for weeks or months. In three of these the disorder had lasted more than twelve months, and had the symptoms of cachexia strongly impressed.

In general, the hot fit predominated in severity and duration, but in a few isolated cases, the cold. Barely indicated cold, with some long continued heat, was observed in a single case only.

The age of the patients lay between 16 and 50 years; six patients between 16 and 20; five between 21 and 30; four between 30 and 40, and five between 47 and 50.

A comparison with other forms of disease shows that, along with a prevalence of intermittent fever, there also prevailed angina, catarrh of the digestive and respiratory organs, inflammation of the lungs, rheumatism and typhus. Medicines, Arsen., Ipec., Nux, Sulphate of quinine.

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* Cases came under observation where the sickness lasted twelve months and more.

RHEUMATISM

Was the disease of most frequent occurrence in the first quarter, which we shall therefore notice the more particularly. It generally attacked individual joints, but in some cases extended to several others. A seizure of all the joints of the extremities was observed in 5 cases. The accompanying fever was severe in 18 cases (pulse 112 to 120); in 10, moderate (pulse 96 to 108); 13 cases were free from fever; these last were chiefly muscular cases, especially affecting the loins and abdomen.

The duration of the disease averaged 11 days. The lapses in 4 cases. Complications occurred in the form of catarrh of the intestines and the lungs, and angina, not unfrequently. *Inflammation of the peri- or endocardium, were not at all observed.* On this remarkably striking fact let me make a few observations. In the previous year also, 2 cases only of this complication occurred out of 62 very severe rheumatisms! This must seem to me more astonishing after reading the following passage in Professor Virchow's *Handbuch der Speciellen Pathologie und Therapie*, vol. I., 477:—"Bouillaud claims the merit of having first called attention to the frequent coincidence of acute rheumatism with inflammation of the heart; yet these complications do not appear so often as he imagines. Bouillaud, for instance, asserts that in severe cases of arthritic rheumatism, the supervention of inflammation of the heart is the rule, and the absence of it the exception, and that it is only in slight cases, without fever, that these complications occur exceptionally." Of 114 cases collected by B., 74 were severe; of these 64 are said to have had the above complication; 40 were slight and included but one single instance of endo-pericarditis. Now, according to the experience of J. Vogel (professor at Giessen) in Mid-Germany (Giessen and the vicinity) hardly in one-half of the severe rheumatic cases did a positive or highly probable case of endo-pericarditis supervene. According to Gotho, this occurs still less frequently, viz., in 7 cases out of 39. According to Ormerod (*Medical Times and Gazette*, 1852, p. 523), 61 out of 161. Professor Vogel shakes his head incredulously, and gives utterance to the conjecture that Bouillard has taken many cases for endocarditis in which morbid sounds of the heart depended not on organic changes or deposits, but merely on abnormal tension of the valves, as is so often observed in anæmic patients. He thinks this the more likely, as Bouillard treated his cases with enormous blood-lettings, which necessarily must almost always have induced anæmia, and with it slight bruit de soufflet. Even these hæmatic souffles (as we may call them) were observed here but once in this quarter, and that only in the first 24 hours, in the case of a strong girl, aged 24.

Professor Vogel's way for accounting for the supposed complication is extremely probable. When I was once officiating as assistant-physician in an allopathic hospital, I met with a frequent *appearance* of pain and endocarditis, when the rheumatism was merely treated with the local application of cold; though even then no such per-centage was observed as by Bouillard. As a curiosity, we may subjoin the treatment systematically applied by Bouillard to acute rheumatism. "On first day, let blood, morning and evening, from 14 to 15 oz. In the course of the day, cupping on the joints most affected, or on the region of the heart, about 16 oz. On the second day, one or two more venesections, or one local bleeding, either equal to the first day or somewhat less. On the third day, if needful, a fourth and even a fifth blood-letting, besides cupping. Sometimes on the fourth, and even till the seventh day, fresh bleedings are needful; they must be repeated until the intensity of the disease is broken. This object, however, is generally attained on the fourth day. In many cases there must, taking all into account, be a loss of blood to the amount of 10 lb. before the desired effect is produced! As advantages of this mode of treatment B. gives the following:—1. A fatal result never occurs. 2. The disease never becomes chronic, either as to the affections of the heart or the joints. 3. The duration is always shortened, the rheumatism being generally cured in a few days, seldom lasting eight to fourteen, and never longer."

Professor Vogel remarks upon this—"Supposing these assertions well grounded, they must require us (at least in cases threatening danger to life, or injury to the heart) to make use of this method, as the indisputable ill consequences of it—the enormous loss of blood with its sequelæ—are at all events counterbalanced by the evil of an organic disease of the heart, certainly rendering the patient sickly for the rest of his life. But Chomel, Legroux, &c., have shown that Bouillaud's method neither is so safe as he declares, nor so surely obviates the sequelæ of arthritic rheumatism as is asserted. It therefore hardly deserves to be at all employed in all the strictness prescribed by its advocates."—(*Ibid*, 484.)

In the second quarter rheumatic cases, especially arthritic, were both numerous and severe. Of 40 cases 33 were acute, 7 sub-acute. Duration 4 to 27 days. Sixteen cases were complicated with catarrh or angina. *Sulphur* and *ledum* were introduced as remedies. *Sulphur* answered especially where the abdominal muscles were affected, and other remedies failed; *ledum*, where arthritic pains were stationary, not very intense, and milder by day than by night.

The greatest frequency of cases treated for this form of disease occurred in August, amounting to 14; next to that July, 13; and next, September, 11 cases.

With respect to the division into "acute" and "chronic," "muscular" and "arthritic" rheumatism, I have to report that all disorders which came under treatment, with individual points of approximation to the sub-acute, belonged to the acute form. In general, the muscular rheumatism occurred more frequently than the arthritic; the former reaching 20, the latter only 18. According to the several months, the disproportionate frequency increased. In July, muscular, 7, arthritic, 6; August, 9 to 5; September, 9 to 2. Also, the commencement of the symptoms and progress of the disease varied in the separate months: whilst in July the rheumatism oftener remained settled in the parts first affected, and was less intensely painful, and almost free from fever and apt to relapse; in August it was very migratory, accompanied with some fever and inflammatory swelling of the joints, and very painful; in September it again commenced very mild, and remained in one case confined to the joint first affected. As complications, we observed in one case catarrh of the lungs and digestive tract and swelling of the amygdalæ. Disease of the heart, or pericardium, did not appear, although in severer cases sometimes increased action of the heart and weak hæmatic souffles were noticed. Careful observation, for several years, of the patients suffering from arthritic rheumatism led me frequently to remark that those suffering from extensive arthritic rheumatism have a peculiar suffering expression, with a chlorotic hue of the face, lips, and gums, as soon as hæmatic souffles in the heart, or pathological processes in the pericardium or endocardium are established, which may have their origin in a progressive failure of fibrine in the blood. The duration of specific attacks of rheumatism lay between 3 and 17 days; the mean duration taken in general was, in arthritic cases, 8 to 10; in muscular, 4 to 5 days.

The results were successful throughout. The general treatment differed in no respect from that quoted in previous statements. Also, the symptoms then specified led to the specific employment of the several medicines. Of the 149 cases of rheumatism in this year, the first quarter gave 41; the next, 40; the third, 38; and the fourth, 30.

The chronic cases were 9; sub-acute, 21; acute, 119.

The chronic and sub-acute either entirely without, or only with moderate fever. The majority of acute cases were accompanied with feverish excitement of the vascular system, sometimes to a serious extent. In 81 cases the joints were more or less implicated, in the remaining 68 the muscles only. As regards age, they varied between 16 and 52. Fourteen patients between 16 and 20, 55 between 21 and 30, 48 between 31 and 40, 27 between 41 and 50, and 3 between 51 and 52. The duration of the disease lay between 3 and 58 days; the average for arthritic cases being 11, and for muscular, 5 days.

As to complication, we never found disease of either the pericardium or endocardium; in isolated cases, however, hæmatic souffle. But, not unfrequently, catarrh of the air passages and digestive organs, with consequent angina; whilst, *vice versâ*, rheumatic affections supervened to these last diseases. The result was successful throughout. [The single instance of death, being entirely due to accident, need not be enlarged upon here.] Principal medicines—Bryonia, Colchicum, Colocynth, Ledum, Mezereum, Nux, Pluranthus, Rhus, and Sulphur were also used.

TÆNIA.

The patient had suffered for some days previous to her admission, from convulsions—falling prostrate suddenly, and remaining unconscious for half-an-hour; after which, she was unable to speak for a few minutes. Took *ignatia*, and next day passed a tape-worm, and the convulsions did not recur. After some days she left the Institution quite well.

TYPHUS.

This form of disease was discussed in an essay of mine in the *Allg. hom. Zeit.* (Vol. 58, Nos. 19 and 20), entitled "A Retrospect of the Epidemic Typhus that prevailed in Vienna during the winter months of 1858-9." And I have now only to add that the eight cases observed in March were treated, according to their nature, more mildly than those in January and February. The exanthemata occurred seldom, and then showed themselves merely in the form of a few spots. Bed-sores were reduced, in some cases, to simple reddening of the skin, accompanied by pustules rising here and there, which broke and left excoriated spots of the size of a pea. Meanwhile, the diarrhœa lasted a considerable time.

During April and May the disease still maintained a mild character, but in June became much more serious: whilst in the two former months few cerebral symptoms occurred, bed-sores and bloody stools were absent, and exanthemata appeared in a few isolated cases; in June these were all the more numerous and severe. In fact, both the fatal cases occurred simply in consequence of the very extensive bed-sores and the bloody evacuations. In the first, the disease had completely run its course, and all its symptoms vanished; the patient was quite recovered from her previous state until, several days afterwards, she sank under pyæmia, with most violent pain, caused by the sores, which involved not only the whole sacral region, but the two elevations formed by the trochanters.

In the second case, the typhus ulcers destroyed the intestines even to their peritoneal covering, when the patient died, partly through anæmia, partly from the peritonitis that supervened. In general the cause of the disease was tolerably regular. Convalescence in most cases commenced between the 17th and 23rd day, but in three cases did not continue uninterrupted, for bilious vomiting set in again, and in one case defied all remedies, terminating in marasmus.

Complications.—In two cases bronchitis supervened; in one pneumonia, and in another erysipelas, involving the whole of the nates and the hinder surface of each thigh, and raising the skin into irregular blisters from the size of a hazel-nut to that of a pigeon's egg, filled with a dirty fluid. (This was speedily checked by the use of Rhus toxicodendron.) The miliary eruption, and especially the white variety, was observed in almost all cases, and especially attacked the trunk. Relapse took place in one solitary instance, where frequent diarrhœa and death ensued. This case is interesting, on account of the course it ran and the pathological changes in the intestines as follows:

Josepha B., aged 19, had never before been ill. Nine days before admission she felt very feeble, complained of confusion of the head, vertigo, periodical ringing in the ears, loss of sleep and appetite, moderate thirst and diarrhœa; menstruation at the right time, and in moderate degree in general; only this time commencing eight days earlier, and was more copious and lasting than usual. When taken in, June 7, she answered the following description.

Person feeble, but well made; temperature raised all over, but especially in the face; skin pale coloured, dry; perspiring only on the trunk; countenance expressive of suffering; tongue clean; dry; pectoral organs free; action of the heart increased, and the heart's sounds clear; the spleen already reached the edge of the ribs; meteorism trifling; abdomen slightly sensitive to pressure; lax evacuations three or four times a day;

pulse weak, 104; full consciousness, but tendency to sink down in the bed. Gave Acid. phosph.

Up to the 20th, little alteration. She then for the first time had a long sleep, some appetite, and the pulse rather stronger and slower.

Till the 28th she improved visibly, ate with appetite, and slept well; the pulse became normal, and examination proved all typhus symptoms either going or entirely gone, excepting that the spleen retained its previous dimensions of June 7th.

In the night of June 29th-30th, she became suddenly very restless, unable to sleep at all, and complained next morning of heaviness of the head, vertigo, nausea and inclination to vomit; great fatigue and painfulness of the abdomen, which was again rather prominent; pulse 112; evacuations again diarrhœic. Acid. phos. Thenceforward the typhus process began to develop itself anew, only with this difference, that this time it reached a higher point. The pulse always from 112 to 132; the abdomen enormously prominent; diarrhœa more frequent, having latterly much decomposed blood mixed with the stools. This last disappeared after using Arsenicum for two days. The patient, however, died on July 14th, with symptoms of anæmia.

Post-mortem in twenty-seven hours. The body, already attacked with putrefaction, exhibited on the whole of the back, and also the deeper seated portions of the extremities, extensive sugillations. The joints easily flexible; the abdomen immensely distended with gas; the deep seated portions of the lungs were filled with decomposed blood; the rest bloodless, collapsed; the heart flaccid; the left cavities containing black decomposed blood; otherwise, except commencing putrefaction, no pathological change was observable in it; the spleen about three times the natural size, very soft, and easily crushed into a pap; liver firm, and empty of blood; the peritoneum on the convolutions of the intestines inflamed, and here and there covered with slight layers of exudation; the groups of glands above and below the cœcum were changed into ulcers penetrating deep into the substance of the intestinal parietes, so that in fact the greater part was covered with nothing but the peritoneum, which before the intestine was opened, projected as a pedunculated, pear-shaped bladder, filled with gas, and of a dirty brown colour. The rest of the organs were remarkable only for their anæmic condition.

N.B. Whilst in April and May frequent cases came under my treatment for Acid. phos. and Rhus, which brought the morbid process to an end without the aid of other medicines, most of those admitted in June required Arsenicum, Carbo veg., Datura stramonium, Opium and Veratrum. In complicated cases Phos., Rhus and Bryonia also came into use.

No disease offered such diversity of character as typhus. Thus one patient came under observation who, besides a constantly enlarging spleen and progressively swelling abdomen, with feebleness, loss of appetite and sleep, vertigo, feverish pulse, etc., complained especially of congestion of the head through the whole course of the disease, and was cured by Bell. alone.

A second case at first went through a complete attack of peritonitis, which was then followed by typhus, with its ordinary progress and results. A third case was observed, where the patient, during the whole course of a pretty severe typhus, continually complained of hunger, which, as the typhus symptoms steadily abated, by degrees went away, so that during convalescence she scarcely ate anything, and during the exhibition of Cocculus gradually recovered her appetite. A woman aged fifty, who declared that she never had been ill, and even up to the beginning of her illness was actively employed in house work, on a sudden, three days before she was received into the institution, was seized with diarrhœa and vomiting; examination detected considerable enlargement of the spleen; the skin rather cool and perspiring, with cyanotic hue; great feebleness, and very quick small pulse; diarrhœa and vomiting continued. In the following night there was much delirium, which symptom presented itself also next day in a lesser degree. She raised herself in bed with unexpected rapidity, and was always wishing to run away. On the sixth day she died, when dissection exhibited a quantity of typhoid ulcers in the lower part of the ileum, in the cœcum and upper part of the colon. Another woman, who was seized with the symptoms of typhus, miscarried on the fourth day of her residence in the institution, and from that time all typhus symptoms, including the enlargement of the spleen, disappeared. The rest of the cases belonged principally to the torpid form.

As predominant symptoms must be mentioned, extraordinary feebleness, frequent diarrhœid evacuations, severe meteorism and considerable enlargement of the spleen. Bed-sores occurred in three cases only, patchy exanthemata in four, and deafness in six. Hæmorrhage of the intestines was not observed. A relapse took place only in one extremely severe case, which deserves to be reported.

Theresa H., aged 23, a stout built servant maid, was taken into the institution August 6th. By her own account she enjoyed good health constantly, till now, for five days, she had suffered the symptoms incident to typhus, with diarrhœa predominant. On the first examination there appeared especially debility, incipient swelling of the spleen, moderate meteorism, and painfulness of the ileocœcal region, under pressure; pulse 108 per minute. Gave Acid. phosphor. Up to August 8th the progress was quite regular. In the night of the 8th and 9th retention of urine commenced, with remarkable uneasiness to the patient, so that the water had to be drawn off artificially. Pulse 120. She was troubled with great vertigo forthwith; the abdomen became very tense, and attained an enormous size. The retention of urine continued till the 12th.

August 10th.—After a very restless night, in which she made a continual noise, addressed persons who were not present, etc., she lay motionless in bed, with her eyes much blood-shot. The pulse was above 140, very small, almost thready. Arsenicum was given.

Up to the 18th no particular change occurred.

19th.—A cough set in, growing constantly more severe; the cheek had a circumscribed redness, and percussion on the right, behind and below, as far as the sixth rib, gave a shorter, feebler percussion sound than on the left side in the corresponding part; auscultation detected at the same place a rough, indeterminate murmur; pulse 130; violent shaking of the hands, and of the head, when raising it, commenced in a very striking manner.

Aug. 20. Empty percussion and bronchial breathing at the abovenamed spot. From the sixth to the third rib, the same sound as that discovered on the 19th. The sputa contained much blood.

Aug. 21. Pneumonic infiltration almost throughout, with partial resolution of the infiltration, could be noticed in the lowest part; with cyanosis of the skin, cold sweat, and hardly perceptible pulse. Carbo veg. instead of Arsen.

Aug. 22. From below upwards, to the fifth rib, perfect resolution; and still further upwards, a *partial* resolution. A more natural warmth shewed itself, and the pulse was stronger, numbering 148 beats per minute.

Up to the 27th. The infiltration had disappeared, and the sputa were normal. The cyanosis gave place to a natural colour of the skin; the pulse sank to 116. The patient began to think a little, and answered, though slowly, to the questions put to her. Her condition improved so far that, on Sept. 2, she could do without medicine.

Sept. 7. In consequence of an error in diet, a relapse occurred, which lasted till the 16th. Oct. 6th she was dismissed cured.

Complications with pneumonia occurred in two cases. Complication with pneumonia and inflammation of the thyroid gland, also with pleuropneumonia, was observed only in one case. Bronchitis was more frequently noticed. The result in three cases was fatal: in one instance, in the form of marasmus in the tenth week; and in two others, in the fifth week, from pleuropneumonia supervening in advanced convalescence. The patient got over a very severe typhus, was already free from fever, slept quietly, and had tolerable appetite, when, on Sept. 22, with a violent stitch in the right side of the chest, fever, cough, and uneasy sleep returned. Next day, percussion detected pneumonic infiltration on the right side, below and behind; the stitch was more violent, and the pulse rose to 130. The pneumonic infiltration went on till the 28th, when it reached the right apex of the lung: on that day the patient sank under the unspeakable tortures caused by the stitches. Dissection shewed the whole of the right lung destroyed by gangrene, and on the pleura of that lung was found a layer of yellowish fibrine, two lines thick, which in colour and thickness greatly resembled those coagulations of fibrine so frequently seen on the dissecting-table, in the heart and large blood-vessels. It crossed between the fifth and sixth ribs in the form of a ribbon-stripe, 1½ inch wide, towards the spine, near which it suddenly turned at right angles down to the lower edge of the lung. The surface of the layer of exudation was also destroyed by gangrene, which also propagated itself to the overlying portion of the costal pleura corresponding to the exudation, and also over a portion of the diaphragm, which looked as if gnawed into. Besides, there were found about the cœcum a considerable number of typhus ulcers, in the process of healing.

With regard to treatment, the following medicines were exhibited, according to the special indications for each: Acid. phosph., Arsen., Bell., Bryonia, Carbo veget., China, Cocculus, Hyos., Opium, Phosphorus, Stramonium, and Veratrum.

The dissimilarity of individual cases has been already noticed. Besides this, the disease presented, *at different periods*, such a variety of character as was observed in no other. For instance, in January and February, when it was epidemic, we observed uniformly catarrhal disorder of the air-passages, wandering rheumatic pains of the whole body (especially the back), and affections of the digestive organs, shown by loss of appetite, vomiting, and diarrhœa: vertigo and humming in the ears came on from the sixth to the eighth day; the other cerebral symptoms, especially furious delirium, on the tenth or twelfth day, and continued till convalescence. Difficulty of hearing proceeded to complete deafness. The strength failed to such a degree, that the patients sank down towards the foot of the bed; and the pulse, besides frequency, partook of this extreme debility. Meteorism and enlargement of the spleen, excessive; bed-sores not only very general, but extremely severe. Evacuations frequent, fluid, fetid, sometimes mixed with great masses of blood, and involuntary, as was also the discharge of urine. Temperature generally lowered, especially in the later stages. Skin covered with cold, clammy sweat, and not unfrequently "lead-coloured;" in some cases amounting to well-developed cyanosis. Exanthemata nearly universal. As secondary processes, frequent bilious vomiting; and, in two cases, pneumonia.

In March, April, and May, on the contrary, the disease again ran a moderate course: the brain was not seriously affected, never to delirium. Bed-sores in March occurred rarely, and were reduced to simple reddening of the skin, or formed here and there pustules of the size of a lentil, which burst, leaving flat excoriations that soon skinned over. In April and May even these symptoms failed. Exanthemata occurred only in isolated cases, and then very sparingly. Disturbance in the urinary secretion or in the stools were not observed. Nor were there any complications or secondary processes at all.

But again in June it appeared, in most instances with great severity; and it was the bed-sores and bloody stools that advanced most. Corresponding with these, cerebral symptoms also became more aggravated. July, August, and September presented a medley of most multifarious cases: one, for instance, in which the prominent symptom was congestive headache, and was cured by Bell.; in another, tormenting hunger (as above noticed). Bed-sores and exanthemata were sparingly represented; disturbance of the urinary system was rare; and bloody stools never took place, with the exception of a single case, where a dysentery interrupted the convalescence. Bronchitis was associated with several cases. In October, all the cases were slight. Those in November and the first half of December ran a more serious course. Here came in smart delirium or long-continued sopor; great prostration of strength; protracted difficulty of hearing; aggravated meteorism; bed-sores; bloody stools; stoppage of urine; unconscious evacuations; and especially exanthemata. Two cases proceeded to confirmed pneumonia, and 4 to bronchitis. But in the latter half of December almost all the cases were mild throughout. As to treatment, Arsen., Acid. phosph., and Rhus played the most prominent part.

A course parallel to the progress of typhus was followed by—

1. *Catarrh of the digestive organs*, excepting in April, when typhus took a light form, whilst these catarrhs assumed a very serious character, and were not unfrequently accompanied with evening delirium.

2. *Catarrh of the respiratory organs*, which was especially prominent at those times when the typhus was associated with bronchitic or pneumonic symptoms.

DISEASES OF THE NERVOUS SYSTEM.

a. Cardialgia.

Most frequent in June, and remarkable for the severity of the paroxysms (nearly typical), which the patients could predict from half to a whole hour beforehand; as it had this peculiarity, that it announced its approach by nausea, and a sensation like water-brash. Then commenced severe, contractive, pricking and cutting pains, with a sense of heat in the stomach; at last vomiting or retching set in, when the paroxysm abated. Appetite always more or less impaired. In some cases, after the paroxysm, there remained painfulness to the touch on the gastric region till the next attack. The paroxysms from one to three times in twenty-four hours, and lasted from a quarter-of-an-hour to two hours. Mostly cured by Nux vom.; seldomer by Cuprum metall. Cocculus was useful when disturbance of the menses occurred at the same time.

In the latter half of July, the following three cases of cardialgia were all cured with Nux vomica.

The first was that of an elderly woman, who for seven years had suffered from cramp in the stomach. Her sufferings were said to occur particularly when she partook of flesh meat, or any food difficult of digestion; and they could be kept off for weeks at a time by light nourishment, especially a milk diet: once set in, they often continued for seven days. Here Nux vom. not only shortened the period of the individual attacks, and the duration of the disease in general, but, as I heard for the second time, a few weeks ago, made it possible for the patient to partake with impunity even of those very things which previously she did not dare to eat.

In the second case, the subject of suffering was a servant maid, aged 24, who had suffered for two years from stomach cramp, supposed to result from a chill. The individual fits occurred at irregular times, generally after a chill, or an error in diet; they were preceded by long-continued nausea, and ended in an hour or two with vomiting. Menstruation had no influence on the disease.

The third case was quite recent, and corresponded with the symptoms described in Case 2.

b. SOFTENING OF THE BRAIN. *c.* HEMICRANIA. *d.* ISCHIALGIA. *e.* SPASMS.

The statements in the tabular Report suffice for these diseases.

EPILEPSY.

The patient, a girl of 18, had the fits for three years. At first, for about five months, they occurred once a week, then once a fortnight, then three weeks, then a month. Five weeks before entering the Institution, they commenced once and even twice a day, supposed owing to getting wet through. With all this the appetite was unimpaired, and the patient did not fall off in condition.

December 23, 1859, she was brought here after a fit, quite unconscious. She twisted herself in bed almost in the shape of a knot, cried out on the slightest touch, and tried in every possible way to prevent the examination of her pulse, which was small, hard, and pretty frequent. Her face was very red, eyelids closed, and the eyeballs continually rolling; mouth closed tight; feet cold. She gave no answer to questions. Her breathing was stertorous and deep, 12 per minute. After a deep sleep for above three hours, she awoke, with yawning and stretching her limbs, in full consciousness. The skin all over manifested a high degree of hyperæsthesia, most strikingly in the gastric region, and near the fourth and fifth dorsal vertebræ, which lasted till the next fit, *i.e.*, twenty-four hours. She could this time announce the approach of the fit half-an-hour beforehand. The first symptom was a reddening of the face, striking to those around her; next commenced a constrictive pain in the gastric region, gradually extending over the heart, the whole of the chest, and the larynx, with hiccup soon after. She was able perfectly to recollect these symptoms coming on, with great anxiety and restlessness; but, on the occurrence of the spasm of the larynx, she lost consciousness of anything further. Then followed closing of the jaws, tossing the head about, rapid rolling of the eyes with closed lids, bending the trunk forwards, with clonic spasms and periodic outcries, cyanosis of the face, and icy coldness of the feet. During this utter extinction o consciousness she was singularly sensitive to the touch, which she manifested by a painful contraction of the face; firm pressure was not painful beyond the moment of contact.

When I asked her, after the fit, whether she felt us touching her skin at the time when the further progress of the fit was quite unknown to her, she begged of us not to repeat the experiment, as it caused most violent pain—as if she were constantly pricked with needles.

After these last symptoms had continued about ten minutes, her face rapidly changed colour, the clonic spasms gradually went off, the masseter muscles relaxed, the tossing of the head ceased by degrees, and after opening her eyes for a moment, with a deep sigh she fell into a heavy sleep, out of which, after some hours, with constant hyperæsthesia of the skin, she awoke. The rolling of the eyes lasted after the rest of the symptoms, and the bent posture longer still. Ignatia and Atropin had no effect. Cuprum met., on the contrary, was so efficacious, that the type from quotidian became tertian, and afterwards came to eight and even ten days. Also, during subsequent fits, she no longer lost her consciousness; and these were so mitigated, that they were at times merely transient, at other times merely appeared as a brief constrictive pain in the gastric region. The hyperæsthesia always disappeared in twenty-four hours after the fit; but the sensitiveness remained constant in a spot of the size of a half-crown, close to the left side of the fourth dorsal vertebra. Pressure on this spot produced the stomach pain *ad libitum*. It is much to be deplored that her parents would not wait for the cure to be completed, but took her with them to Bohemia.

DISEASES OF THE RESPIRATORY ORGANS.

Catarrhus Laryngealis.

Two cases in the first quarter; one chronic, of 5 weeks standing; cured in 8 days by *carbo. veg.* One acute, with hoarseness, of 10 days; cured in 7 days, by *hepar.*

It cannot be denied that *hepar sulphuris calcareum* manifests specific efficacy in acute catarrhal affections of the larynx. I made the observation frequently in the Institution, but still oftener in the dispensary connected with it, which is more frequented by sufferers of this class than the Institution itself. Its efficacy was usually so speedy and decided that even the most arrant sceptics (who sometimes came amongst the medical visitors) ascribed the rapid recovery to the medicine, and made an entry of it in their note-book. The patients, who had often been voiceless from 8 to 14 days, on the second visit to the consulting rooms enjoyed their normal power of voice, and declared, almost unanimously, that it had improved in a few hours after the first dose. A member of one of our principal theatres (himself an M.D.), who had tried various allopathic medicines for his hoarseness, spoke very favourably of the effect of Hepar, which I gave him in the 3rd decimal trituration, and assured me that his voice, after the second dose (and therefore within 5 hours, for I gave him a powder to take every 4 hours) became fuller in sound; and on the second evening he was able to appear on the stage. An effect equally rapid in proportion was manifested in 2 patients, who were treated with Hepar, in July or September, for laryngeal catarrh, in the Institution.

Catarrhus Pulmonalis.

Acute.—This was, on the whole, more intense than extensive. Worst in February and March, accompanied with severe fever and violent fits of coughing in rapid succession; constant tickling in the larynx, and burning under the sternum; sputa seldom got rid of, especially at the commencement; temporary hoarseness in 4 cases.

Principal medicines, *hepar* and *phosph.*

It reached its height in July, with 5 cases; next, September, with 4; lastly, August, with 2—all mild at the outset, and of short duration.

Chronic.—Only 3 cases in the first quarter, and these were old persons, who had for years suffered from cough, lasting especially during winter for months together, with scarcely any fever, and copious expectoration; examination discovered more or less emphysema. In one, asthma was frequently associated. Entirely removed by *arsen.* The other two were treated with *phosph.*

PLEURITIC EFFUSION.

A strong servant-maid, aged 24, came in the first quarter. Had suffered from stitch in the side 12 days, but kept at work till severe dyspnœa set in one night, and she was brought here next morning.

Looked strong and well-fed, with all organs normal. Pulse 96. At the back of the chest, left side, to the half of the scapula, percussion sounded empty, and the breathing there slightly bronchial. On account of the absence of stitches she took Sulphur, which acted so rapidly and efficaciously that in 6 days she left, cured.

In the second quarter, 4 cases were treated; three of the right and one of the left side. Two extended to the lower angle of the scapula; one to the middle; the third filled one-half of the chest entirely. This last was followed by displacement of the heart and spleen.

The absorption of the exudation proceeded very rapidly. One case occupied 8 days; another, 13; another, 15, in bringing about a perfect restoration. The fourth case is still under treatment, but for tuberculosis only, the effusion being absorbed.

Case as follows:—

A servant-maid, aged 30 last Easter, left the General Hospital, where she was treated for typhus. Returning to service, she recovered slowly, with constant cough; and at the beginning of June had a stitch in the left side, which she did not mind much, though she felt weaker daily, and shortness of breath supervened.

On June 30 she was taken in at this Institution. Status :—Body slightly built, emaciated; the clavicular region on the right much sunk, less so on the left, and the mammary glands had already disappeared; percussion on the whole of the left side was flat and empty; auscultation was bronchial throughout behind, and at the upper and lower portion in front; the heart was pressed rather towards the mesial line, and its pulsations felt in the gastric region; the spleen already enlarged, extended beyond the margin of the ribs; pulse small, 120; severe dyspnœa; some cough; stitch in the left side. Though here a considerable effusion was discovered, *bryonia* was given for the existing inflammation in the *pleura-costalis:* and as the stitch was gone in a few days, and the pulse less frequent, Sulpur.

July 14th. No more effusion to be found, before or behind, from above downwards as far as the lower angle of the scapula. However, the persistent dulness found on the apex of the diseased lung, which was bounded below by a stripe, the breadth of three fingers, of clear percussion tone and almost normal respiratory murmur, confirmed a previous suspicion of tubercular infiltration.

July 20th. All the absorbable effusion *was* absorbed, as appeared from the thoroughly normal sound of the respiration; but that a non-absorbable portion remained attached to the parietes of the thorax was proved by the fact that, though the respiratory sound was normal, that of percussion continued somewhat muffled and shorter.

July 23rd. Relapse, from sitting in a draught at an open window. Fever returned more severely, with stitch in the chest; and the diseased side filled again to the depth of three fingers, with effusion.

This time *merc. sol.* was given, and the effusion disappeared by the end of July. *Kali carb.* was now given for the tuberculosis.

The three other cases of effusion were cured with *bryonia* and *sulphur.*

One of the two cases treated in the third quarter for effusion in the cavity of the pleura, included the whole of the right, the other whole of the left side of the thorax. Both came with effusion already established, and inflammation of the pleura costalis had run its course. In the first, the effusion was apparently a purely serous one, as the complete resorption (ascertained by percussion and auscultation) followed within 3 weeks. The second was due to tuberculosis. The resorption of the fluid took place here, too, within a few weeks; but the firm exudation deposited on the parietes of the pleura still caused the percussion to sound duller, and emptier, from the sixth rib downwards, whilst normal respiration is present in the whole of the left breast. Here, also, Sulphur gave excellent proof of its efficacy in serous effusions.

HÆMOPTYSIS.

The single case treated for spitting of blood this quarter was that of a strong servant girl, aged 24. It was of 8 days standing before admission, and moderate. The blood daily coughed up amounted, by her account, to 2 oz., and her account was confirmed by the quantity expectorated on the first day at the Institution, which she pronounced to be equal to that of the preceding days.

PNEUMONIA.

All the cases occurred in the posterior portion of the lungs (one on the right, four on the left side), commencing with the lower lobes and extending upwards to the apex; but *in no instance passing over to the other side.* Serous inflammation of the corresponding pleura was followed by extensive effusion in the case of a hearty girl, aged 24. The extension of the disease which we had the opportunity of watching from the very beginning, was very rapid, so that in 4 days the whole left lung was infiltrated. On the 8th day the resolution and absorption of the infiltration was thoroughly accomplished; also the effusion was soon got rid of. She was cured on the 16th day of treatment.

The other 4 cases, females, aged 17, 20, 29, and 56, were cured in 10, 11, 12, and 9 days respectively.

The case of pleuro-pneumonia sinistra was treated with *bryonia,* then *sulphur;* the other four with *phos.* No fatal case.

Second Quarter.

Six cases, one of which extended to both lungs. Of the other 5, 2 were accompanied with serious inflammation of the pleura costalis, and consequent exudation. All were posterior, 4 right and 2 left; 1 commenced above, 5 below, extending upwards. Period, 7 to 29 days; 7, 9, 10, 29 days to 1 patient each, 8 days to 2 patients. The duration of 29 days was caused by the copious effusion; in fact, the pneumonia alone occupied but 11 days in this case.

The cases were under treatment from 4 to 25 days; 4, 5, and 6 days to 1 patient each,7 days to 2 patients.

Their ages were from 20 to 31. *Bryonia* was used in the two cases of pleuro-pneumonia; *phos.* in the other four, from first to last; Sulphur in the pleuro-pneumonia after the inflammation ceased. No fatal case.

Third Quarter.

Three cases in July and August, 2 right and 1 left side; 2 accompanied with pleuritis and a considerable effusion, in one of which the pneumonia crossed to the right side. Two of these have been detailed in the Report, July 1st to 15th *Allg. hom. Ztg.* (Vol. 59, No. 5.)

The third was that of a maid-servant, aged 28, who, otherwise always healthy, was taken in for pleuro-pneumonia sinistra, August 20th. The case resembled those two; and here, also, *bry.* and *sulphur* played the principal part.

Summary of Pneumonia.

Majority of cases commenced posterior and inferior. Both lungs attacked in 3 cases; pleuritic effusion followed in 5.

Most cases occurred in April, viz., 5. None in September and October.

Ages—	2	patients	10 to 15
"	2	"	16 to 20
"	3	"	21 to 25
"	4	"	26 to 30
"	2	"	31 to 35
"	2	"	36 to 40
"	0	"	41 to 45
"	1	"	46 to 50
"	0	"	51 to 55
"	1	"	56 to 60

Duration of treatment, excluding the pleuritic complications, average .... 6·3 days
Including them .... 10·1 days

Treatment—*Aconite* only where, with high fever, the lungs were not otherwise diseased. *Bryonia* for pneumonic infiltration, with severe stitch, which yielded to *sulphur* as soon as a copious effusion in the pleural cavity was manifested. Generally, pleuro-pneumonia was treated exclusively with *bry.* and *sulphur*, in the above order. *Phos.*, when the pneumonial infiltration was noticed, without any marked affection of the pleura. *Tart. emet.* only when there was a preponderating serous infiltration of the parts of the lung, except from pneumonia. *Kali carb.* was given with success where, from the first, tuberculous infiltration was noticed at the apex of the lung, or where, with or without pleuritic effusion, the absorption of the apex was not going on well, whilst it was fully accomplished in other diseased portions of the lung, so that there was reason to suspect a change of the infiltration into a caseous mass in the so-called "infiltrated tuberculosis," which, according to recent pathologists, is not tuberculosis at all, but merely an infiltration metamorphosed in that manner.

Merc. sol. was employed in rare cases, where, with existing pleuritic effusion, absorption was accomplished on those portions of lung no longer reached by the fluid in a sitting posture, while the absorption of the pleuritic exudation, under the previous treatment with *sulph.* had suddenly ceased. In these cases *merc.* so far acted beneficially that (as we often observed) either it caused of itself the absorption of the fluid, or else, when Sulph. was employed again after it, the absorption, which had come to a stand, went on perceptibly.

Arsen. and *calcarea carb.* when chronic tubercular infiltration was present on the apex of one or both lungs.

ANGINA CATARRHALIS.

In general very severe; seldom confined to one tonsil; great danger of suffocation in cases where hypertrophy of the tonsils ensued from repeated attacks; inability to swallow fluid necessitated the use of globules; fever ran high; head confused; sleep disturbed; incessant change of posture; pain in the forehead: swollen uvula. The treatment *most successful*, the cure being effected in two to five days. Remedies, Bell. especially, generally in two days; next Apis; Merc. sol. when exudation occurred, or slighter follicular inflammation; Iodine in cases of hypertrophy.

N.B. These rapid cures appeared very striking to some allopathic visitors of the institution, especially a talented young Dutchman, who had been strongly opposed to homœopathy.

TOOTHACHE.

Although this occurred as merely symptomatic with many diseases, it was occasionally idiopathic, as in the following case: A servant girl, aged 26, with perfectly sound teeth, often suffered from toothache, especially when exposed to a chill. It began with a disagreeable pricking in the teeth of one side, which gradually increased to a drawing tearing pain over the face and temple on that same side, and was aggravated by everything warm, but especially the warmth of the bed. Rhododendron most surely and rapidly effected alleviation of the pain.

ISCHIALGIA.

In the second quarter two recent cases, extremely painful, cured by the use of Colocynth during several weeks.

PARULIS.

This disease was always connected with carious destruction of one or more teeth. It one case it seemed to proceed from the *root,* as the patient at first complained of severe throbbing pain in the depth of a carious tooth, followed by a ***sensation of lengthening*** and inflamed swelling of the surrounding gum, extending rapidly to the cheek; gradually the tooth became loose, and with moderate pressure pus discharged between the tooth and the gum. Silica did not remove the pain, but brought the morbid process to a stand, though it was not removed entirely till the tooth was extracted. In the next case Merc. sol. succeeded in stopping the process and curing the disease.

STOMATITIS APHTHOSA.

In the case of a servant maid, aged 38, this disease had already become extensive. The aphthæ were chiefly confined to the lips, the under surface of the tongue, and the cheeks, from the size of a lentil to a threepenny piece; they were not circular, especially the larger ones, but oblong with raised edges, and were suppurating, with granulations here and there. The surrounding parts were injected, reddened, and as well as the aphthæ were sore, particularly inside the lower lip, where was the largest. Constant salivation went on, with extremely nauseous smell from the mouth; general indisposition ensued; the patient was in a constant fever, and could not sleep at night; the features expressed great suffering, and even the swallowing of water excited severe pain. Merc. sol. entirely removed these sufferings within seventeen days.

CATARRHUS GASTROINTESTINALIS.

Fourteen cases in January. During the typhus epidemic liquid stools prevailed, with more intense and lasting fever, whilst vomiting, etc., was less frequent.

Most of the cases indicated Ipec. The smaller number indicated Cham., Colocynth, Nux and Rheum. In the second quarter this was the prevalent disease. April 19th, May 13th, June nine cases. The worst in April, one to fifteen, with frequent brain symptoms (at night delirium); distension of the abdomen; frequent watery painless stools, and continued fever, aggravated in the evening. Chief remedy Ipec., more rarely Rheum, Merc. sol. and Col.

Again the prevalent disease. Forty-five cases in the third quarter, July 19th, August 18th, September 8th; and as the numbers varied, so also the *character of the disease altered in the different periods of time;* whilst, for instance, the catarrh of the digestive organs from July 1st to 15th was accompanied with *no fever,* but with frequent, painless, watery evacuations (which in one case reached the number of forty within twenty-four hours!) and with bilious vomiting, etc. *Fever* was, in the cases taken in from July 16th to 30th, a constant accompaniment; the diarrhœa retained the same character; the vomiting, however, was less frequently present. In August, at the beginning of the illness, it could not be at all distinguished from typhus, and was not unlike the "abortive form" of that fever; transient swelling of the spleen was observed in some cases. In September, the character of the disease was again the same as in the first half of July. The following remedies were employed: Acidum phos. (especially in cases very similar to typhus), Ipec., Merc. solub., and Rheum.

CANCER OF THE STOMACH.

This disease attacked a nurse aged 52, who had suffered for years from disorders of the stomach and digestive system. When admitted she was troubled with vomiting of food, constant nausea, flow of water to the mouth, and especially a sensation in the gastric region, *as if a hot body was lying in the stomach;* she was besides greatly emaciated, and the portion of the stomach degenerated to scirrhus was to be felt as a thick pad beginning obscurely from the base, and thickening all the way along the great curvature, and growing more sensitive to pressure as it crossed over to the pylorus. The local suffering continued much the same during her stay. The subjective symptoms derived remarkable benefit from Arsen., especially the burning sensation, which disappeared permanently. The vomiting was much diminished by Kreosote, but never entirely disappeared. It occurred latterly only when larger quantities of fluid were collected in the stomach.

DYSENTERY.

A severe case cured in nine days by Merc. sol. in the second quarter: no other occurred. The flux commenced in the third quarter with considerable violence, but ended, with one exception, happily. The fatal case of dysentery was announced in the tabular report from July 1st to 15th (Vol 59, No. 5); the second case mentioned there (August 1st to 15th Vol. 59, No. 10) was, on the whole, cured tolerably soon, but from an error in diet suffered a relapse, which far surpassed the original disease in duration. After the straining stools and the bloody mucous evacuations had been removed by Merc. sol., and corrosivus on the seventh day of treatment, and the stools had now attained a pappy consistence, of normal quality, the patient ate several raw apples, given to her by visitors, whereupon, with portions of apple passing still undigested, bloody stools and tenesmus set in anew, and weakened the patient so much that she was only able to leave the institution after a stay of four weeks. The two last cases were also rather severe; however the first could be dismissed cured in six days, and the other in nine days. In all cases Merc. sol. removed the straining, and Corrosivus the bloody mucous evacuations, where Solubilis had not done this already. In the case that ended with symptoms of the epidemic cholera, Veratrum was employed against the cold sweat and vomiting.

HEPATITIS.

A single case taken in last year. Its course was attended with enlargement and continued pain of the liver, disturbance of the digestion, periodical sometimes, and occasional constipation. Cured chiefly by China and Chelidonium.

PERITONITIS.

Severe in the first quarter; fever ran very high; vomiting frequent, especially at the outset; stitch, and sometimes burning pain of great severity, rose and fell with the fever; great distension of the abdomen. In three cases the disease, after reaching the acme, was as it were suddenly cut off; pain, fever and meteorism very rapidly disappeared, and perfect recovery was effected within one day. In five other cases considerable exudation was formed. Duration from five to eighteen days, with an average of six to eight days for the crisis. Bryonia was always used. In cases of exudation, Sulph. was followed up till it ceased. There was a marked difference between April and May, the symptoms in the latter being far more severe, with extensive exudation. Cure in every case by Bry. and Sulph. Peritonitis, with the exception of that received in July, showed considerable severity, with extensive effusion. The fever accompanying the disease was usually very high, with pulse from 120 to 136; also the sensitiveness was very intense. The abdominal parietes attained in some cases a high degree of relaxation, as might be concluded from the enormous distension of the abdomen. Occasional accompaniments, as vomiting, diarrhœa, or constipation, were mostly predominant in the first stage, sometimes accompanied the disease to its height, and then gradually abated with it. The inflammatory process, considered as such, ended usually on the third or fifth day of treatment, and the effusion disappeared, according to its extent, from the sixth to the eighteenth day after the inflammation ceased. The case that remained after the closing of the synoptical table ended fatally on the 26th October; inflammation of both the crural veins having previously set in, with Hydrops anasarca as a consequence of the obstruction. A report of the progress of the disease, and of the results of the post-mortem cannot, on account of their rareness, be either superfluous or uninteresting.

N. Franziska, aged 19, who had never been ill before, was taken into the institution on the 1st of August. She mentioned, at her evening visit, suffering for two days a pricking pain in the hypogastrium, and that during the preceding night vomiting had set in. For two days she had been sleepless, and her appetite was by that day quite lost.

Status.—The patient was well fed, the skin moist, temperature moderately high, tongue moist but foul, the chest well arched. Percussion and auscultation normal throughout, excepting the upper portion on the right behind, where it sounded flatter and more empty than on the corresponding portion on the left, and where auscultation indicated rough breathing. No morbid change could be observed in the heart. The spleen was of normal size; the liver seemed to have increased in bulk. The hypogastrium was slightly meteoric, and very sensitive to the touch all over; pressure was borne more easily in the epigastrium. Pulse 120. Besides, she complained of pressive headache and nausea. Bryonia.

August 2nd.—The patient passed the preceding night without sleep or rest. She complained of great painfulness of the abdomen in its whole extent, with constant nausea and inclination to vomit. The pulse rose to 128. A more accurate examination of the abdomen was less practicable to-day than yesterday, owing to its excessive tenderness; otherwise it felt more tense, and was increased in volume. By evening the sensitiveness of the abdomen had somewhat abated, so that the examination was practicable, though still with manifestation of much pain on the part of the patient. This whole region exhibited surprising hardness, and percussion upon it sounded quite empty.

3rd.—The patient passed last night still more restlessly than the preceding, tossing herself about in bed incessantly, and passed four liquid evacuations, with bilious vomiting, twice. Pulse small, thready, and could scarcely be counted; temperature of the skin lowered; a cyanotic hue in the face, hands and feet.

Up to the 6th of August the condition of the patient continued the same; on that day she declared that she had some sleep in the night, and felt herself quieter; also the abdomen was not so sore to the touch, and only two liquid stools had occurred. The skin had resumed its normal temperature and colour; the pulse counted 120, and was stronger and regular. The effusion on the right side had extended towards the flank; on the left it was limited to the original spot. Gave Sulphur.

By August 18th the pulse sank to 100; the sensitiveness of the abdomen was quite gone; even the effusion was limited to the hypogastric region, and indeed even to a triangle, having for one of its sides a line from the right superior spine of the ilium to the left junction of the os pubis and ilium, for another side the horizontal ramus of the os pubis, and for its base the inner surface of the right ilium, over which space empty percussion and strong resistance could still be noticed. Then a moderate cough commenced, which troubled the patient thenceforward. There also commenced bronchial respiration at the right apex of the lung, which kept increasing, and empty percussion sound constantly extending, consequently Kali carb. was given.

From September 2nd to 8th the cough abated so much that the patient could sleep all night (which had not been the case since the aggravated appearance of the tuberculosis), and that even in the daytime she was extremely seldom plagued with cough. The effusion in the abdominal cavity was not to be discovered by palpation, though percussion over the above named triangle still continued more empty than on the rest of the hypogastrium; also the latter, on *firmer* pressure only on the inner surface of the right ilium, showed moderate tenderness; on all other parts the strongest pressure was endured without exciting pain.

Sept. 9th.—Without any known cause violent fever, great restlessness, and loss of sleep and appetite set in. Examination gave no other result than that reported on the 8th.

10th.—Her condition was the same. She also complained of pain and tension in the right bend of the thigh, and on inspection there was found along the vena saphena a red ribbon-like very sensitive stripe, with slight swelling of the instep. The left crural vein was to be felt, as a hard cord-like substance at its exit from beneath Poupart's ligament, and here the greatest pain was manifested, so that the patient could only hold the limb affected in a bent posture, turned outwards. Pulse 108.

11th.—The *whole of the left* extremity had attained three times the bulk of the other; the pits on pressure remained a longer time, and the tenderness under pressure of the crural vein, which to-day was only to be felt indistinctly, had diminished. Apis was given.

Up to September 20th the œdema had so much abated, that it now only included the leg and the foot.

23rd.—The same sufferings commenced on the right leg. There likewise appeared a red ribbon-like stripe accompanying the vena saphena major, with similar swelling of the foot. The right vena cruralis was also to be felt at its exit from the pelvis as a hard string-like body, and was very painful when touched.

27th.—The whole of the right extremity was œdematous, and through the further progress of the disease kept exhibiting a greater amount of swelling than the other. On the inner surface of the right ilium there was always a spot sensitive to pressure, which presented itself to the examining finger as an obscure tumour. The tuberculosis of the lungs, which already at the beginning of this pathological process in the veins had more and more retreated into the back ground, henceforward gave the patient very little trouble. During the further course of the disease she grew visibly thinner; the appetite continued very trifling. Pulse small, varying from 112 to 124.

In the first week of October a diarrhœa set in, and continued till death, which visibly weakened her.

Oct 24.—She suddenly complained of an excessively violent shooting pain in the above described portion of the inner surface of the right ilium, which could not bear touching. The abdomen in some places projected in round masses; the patient lay in continual fainting fits; nausea and vomiting set in; pulse became thready; could hardly be felt any longer; involuntary evacuations commenced, with cold sweat all over the body, and on the 26th of October death ensued, amidst the most fearful pains of the abdomen.

Post-mortem, after twenty-six hours, made in the presence of Dr. Kreinnowich, of Lemburg, Dr. Blumenfield, and a third physician from Galicia, whose name has escaped my memory. We found as follows:—The body lay stretched out on the table, greatly emaciated, with the joints easily flexible, the back and nates covered with large süggillations. The extremities were quite free from swelling, and very thin. (The rapid disappearance of œdema was due to numerous cracks in the skin on the lower extremities, which had occurred during and after death, and allowed the fluid to escape.) On opening the thorax there was found at the base of both cavities a serous fluid amounting to several ounces. The right lung at the apex was adherent to the parietes of the thorax, and was infiltrated to the centre with softened tubercular matter; also on the lower part of the otherwise sound left lung cadaveric hyperæmia was present. The pericardium contained some drachms of yellowish serum. The heart itself was atrophied, but showed in its valves no pathological change. The liver was increased in bulk, in texture and colour, and showed itself nutmeg-like. The omentum majus was so closely adherent to the parietes of the abdomen that in opening the abdominal cavity it had to be cut through with the integuments. The intestines were very friable, discoloured, and adhering so intimately together by organized lymph from the effusion, that separation was impossible without tearing them; on the mucous membrane, as well as on the peritoneal covering and the omentum, scattered tubercles were present. The vermiform process was perforated outwards, and enveloped in an extremely fœtid ichorous fluid, which filled an impervious canal two inches long, formed between the ilium and the conglomerated intestines. On separating a part of the intestines an ulcerated gland discharged about half.an ounce of pure pus; the rest of the abdominal viscera were atrophied. After laying bare the two crural veins they felt cord-like, and on making a longitudinal section we found a plug firmly soldered to the parietes of the vessels, and extending into their ramifications. The close adhesion of the intestines prevented our following this plug further into the cavity of the abdomen.

From the history of this disease, as well as from the post mortem, it appears that the deceased was probably suffering from tuberculosis of the right lung before the present disease, judging from the already extensive pathological change in the liver, which sometimes accompanies tuberculosis of the lungs; that this last was followed, secondarily, by tuberculosis of the intestines and peritoneum; that, moreover, extensive inflammation of the peritoneum ensued, with copious exudation in the abdominal cavity, and inflammation of the vermiform process, afterwards combined with inflammation and stoppage of both the crural veins and their ramifications, and œdema of the lower extremities, as a consequence of the impeded circulation. Whether the inflammation of the vermiform process commenced with the peritonitis, or *preceded it as a cause*, I dare not say positively, as the patient could not precisely describe the original seat of pain. The further progress of the disease, and the steady pain in the cœcal region, lead to the inference that both the morbid actions were possibly synchronous. It is, however, certain, that the perforation must be looked upon as the proximate cause of death. At any rate, it is an interesting fact that, with such extensive and long-standing stoppage of those large blood-vessels, no gangrene of the extremities took place.

An extraordinary case of exudation; abdomen excessively tender; pulse impetuous; breath gasping. These sufferings were removed by *bryonia* in 24 hours. The extensive effusion was then ascertained, and rapidly removed by *sulphur*.

Conclusion.

The result of 29 cases, with only one death, is *most satisfactory* as to the efficacy of Hahnemann's system. If any form of disease is in a position to convince sceptics and "nihilists," it must surely be inflammation of the lungs and peritoneum. If any of those gentlemen, as usual, will still see no evidence that it is the curative power of the medicines, and not that of mere nature, that leads to those happy results, which he is often unable to deny, we invite him to compare the annual report of the great hospitals, where the treatment has been chiefly expectant, with our's; he will see *there* that "nature" and "rational treatment" cure 70 per cent., and hand over the remainder to the dead-room—*here*, we have inflammation of the lungs, and peritoneum begin, extend, and run their course. We have seen these diseases commence and pass over with no doubtful symptoms. We have found the majority of patients not more ill-conditioned or neglected than those who came to our own Institution for treatment.

We have seen here, as well as there, strong and weak, servants, day-labourers, factory workers, skilled labourers, &c. (all our patients were, it is true, females), some of them enjoying a strong constitution, and with their hard work getting a sufficiency of nourishing food, and leading a regular life; but others, with hard work, reduced to insufficient nourishment and an irregular mode of life.

Granting, however, that the latter class are more numerous *there* than *here*, yet *so great* a difference in the mortality of the two Institutions ought not to occur, if the two methods of treatment presented no difference—20 per cent. *there*, 3 per cent. *here!*

As to any deception in the diagnosis, there is the less room for alleging that, since the Institution is always accessible to visitors of any school of medicine, with the fullest opportunity of conviction.

Of the 29 cases, 17 were accompanied with considerable exudation.

Ages, from 16 to 44, viz., 8 from 16 to 20, 11 from 21 to 25, 11 from 26 to 30, 1 from 31 to 35, 1 from 36 to 40, 2 from 41 to 45.

MENSTRUATION.

Diseases of this class occured as (*a*) amenorrhœa, (*b*) dysmenorrhœa, (*c*) excessive menorrhœa.

The latter alone deserves notice, on account of their long continuance previous to addmission, and their speedy cure by *crocus*.

Two cases as follows:—

No. 1 regular every month, but continuing profusely 14 days; No. 2 continuing almost uninterruptedly for 2 months.

No. 1 came for admittance on the fifth day of profuse menstruation. She looked quite pale; had little appetite; felt weary, and had palpitation on going up stairs; the blood came away principally in clots; pulse rather feverish; hæmatic souffles in the heart; labour-like pains in the back, and forward pressure through the womb.

Crocus brought the discharge to a stand-still in 48 hours.

No. 2 looked more wretched still. Her yellow skin, great anæmia, feebleness, and emaciation, small quick pulse, and almost incessant menstruation, led us at first to infer cancer of the uterus. But no trace of that, or of any special disease of the uterus was discovered.

Crocus put a stop to this discharge also. Under subsequent treatment with *china*, the patient visibly recovered strength.

In the second quarter, this disease gave us the opportunity of noticing the curative effects of Crocus and Secale.

Both medicines perfectly stopped the discharge in a day or two, however long it had existed previously.

Crocus especially suited those cases where the discharge was in mass, clotted, and dark coloured.

CHLOROSIS.

Two cases in the second quarter. The first, slight. Cured by *puls.* The second, more severe, and had already lasted 7 months, specially distinguished by pale skin and mucous membrane; muscles doughy feeling and powerless; great indolence; severe headache, and vertigo, palpitation and bruit du diable.

Cyclamen quickly banished the vertigo and headache, and acted most beneficially on the patient.

CANCER OF THE WOMB.

In the second quarter one case occurred, in a woman, aged 55, of good health previously, who had borne 17 children, the last in 1842. Until the last 5 months menstruation had been regular, moderate, and of 4 to 5 days duration. But a year ago, labour-like pains commenced at the periods, extending from the back to the pelvis; and about 5 months ago, irregularities commenced in the appearance of the menses, which recommenced in 6, 8, or 10 days. Often the blood came away in large masses for 2 or 3 days; often, again, there was a mere trace of it. Since the middle of March no blood had passed, but in place of it, a continual and fœtid discharge, always accompanied with labour-like pains, and frequent urging to stool and urine.

The urine passed often, and nearly without pain; stool seldom, and with much suffering. Emaciation and altered complexion observed for a twelvemonth.

May 4. Her countenance expressed deep inward suffering, which she endured with rare patience. Her skin looked quite waxy; was cool and dry; nearly all fat had disappeared. Heart, spleen, and liver normal. The navel was expanded to a diameter of two inches; and over the pubes were to be felt several nodules as large as an egg, irregular, hard, and very sensitive to the touch, connected with the uterus, which was enlarged. The os uteri was open, and on the anterior lip, hard, knotty, and uneven; the posterior lip destroyed by an open ulcer.

She complained of pressive pain in the forehead, want of sleep and appetite, and great weariness.

For the severe pains *bryonia* was prescribed, which perfectly removed them within six days. Next followed *bell.*, under the use of which the labour-like pains were reduced to a mere trace of irritation; the discharge diminished and became less fetid; the urgency of stool and urine abated; the headache gave way entirely; sleep and moderate appetite were established; and the patient felt so much stronger that on the 28th of May, at her own request, she could be dismissed, to undertake a journey to Brünn.

DISEASES OF THE SKIN IN GENERAL.

Urtica urens, employed internally and externally, performed good service in the treatment of burns and scalds.

For erysipelas, *bell.* and *apis* vied with each other.

Measles ran a favourable course under *pulsatilla;* so did scarlatina under *bell.* employed throughout.

SMALL-POX.

Of this we have little to say, as all the more serious cases were removed for want of suitable *locale*. Before the eruption came out, considerable fever, quite disproportionate to the former, often set in; after it did appear, all distressing symptoms were removed in every case, as the isolated pustules caused little inconvenience.

Remedies.—At first, *acon.;* after the eruption, *tart. emet.*

SCALDING,

Of the left forearm and hand in a cook, aged 33. The epidermis removed; suppuration followed, with much pain.

Urtica urens, internally and externally, effected speedy granulation and perfect cicatrization, having at once relieved the pain.

ERYSIPELAS.

In the first quarter, 3 cases of the face and one of the right leg. The cure on the whole very rapid. Relapse in one case, when the same spots were attacked, and *in the same order* as in the original disease. *Bell.* only.

PHLEGMON

On the right cheek and under the jaw. The swelling as hard as a stone and painful, preventing the opening of the mouth.

Cured in 10 days by Merc. sol.

TUMOUR ALBUS.

A case of white swelling of the elbow occurred in the third quarter, quite similar to one described in the *Allg. hom. Ztg.* Vol. LIX., No. 3: and, like that also, cured with *silicea* 15. The incipient ankylosis was continually lessened by assiduously moving the diseased arm, so that the patient, on leaving the Institution, was able to bend the elbow to an angle of 90°, and extend it to 160°.

Another case, entered as "tumour albus *cubiti*," in the fourth quarter, was really a white swelling of the knee, as follows:—

Dec. 27, 1859. The girl, looking otherwise quite hearty, was admitted. Her age 19. She had, 3 years before, an inflamed swelling of the left knee, which passed off again entirely.

Four months before admission, she had again found, when moving, and afterwards at rest also, a pain in the same joint, which gradually got worse as it swelled; with constant aggravation of these symptoms, walking became, at first, difficult, and then, without help, impossible. Along with this there was also a gradual contraction of the leg; until on her arrival here she only touched the ground with her toes in walking. The knee was nearly twice the size of the other; the skin white, shining; the tumour felt pasty; the temperature *not* perceptibly raised; movement was limited, not, however, quite stopped in the joint; the leg bent and rather thin; the vascular system somewhat excited; sleep and appetite failing. Gave Silicea. In the first week the pain continually abated; sleep and appetite improved; but no change in the joint. On the tenth day there was a softening of the tumour, and from that time forth such a rapid decrease that, at the end of the fifth week, there was barely a perceptible swelling; the pain was now entirely gone; the joint itself more moveable; the bend of the leg diminished, and at last, by often repeated efforts at extension, it was totally removed. The diseased leg increased in bulk, and on Feb. 23rd, 1860, she left the Institution on foot, with a slight limp, which afterwards also left her entirely.

PSOITIS.

An interesting case occurred in October. The patient, who had never been seriously ill, some days before admission was seized with tearing pain in the muscles inside the right thigh which was also pretty sensitive to pressure. On the whole, it presented the form of muscular rheumatism. In a few days she could no longer extend the thigh fully; the slightest pressure on Poupart's ligament and the neighbouring parts, and also on the right sacro-iliac synchondrosis excited violent pain; the pulse grew feverish and sleep and appetite failed; the retraction of the thigh towards the abdomen increased daily.

This proved to be a case of inflammation of the right psoas muscle, and the above symptoms did not yield to *bryonia*. The contraction, pain and fever growing daily worse, *merc. sol.* was given on the twelfth day. Under this treatment the sufferings still increased up to the sixteenth day, but after remaining in *statu quo* for some days, gradually abated, so that on the twenty-ninth day (Nov. 23rd) the fever had ceased entirely, and the pain, in a great measure. The extension of the thigh was practicable to a trifling degree without exciting pain. In the left inguinal region was discovered, deep down, a circumscribed, hard tumor, as large as a fist, which could not endure pressure. By the use of *sulphur* this also was removed. The extension of the thigh became progressively more perfect, so that the patient left the Institution, cured, on the 9th December.

TUBERCULOSIS.

In the first quarter two chronic cases, one of which improved under *phosphorus*.

One, extremely acute, with many typhoid symptoms. Patient, in previous good health, suddenly attacked with alternating heat and cold; entire loss of sleep the first night; severe pressive pain in the head, with vertigo; loss of appetite; great thirst and feebleness. Next day, great heat and dryness of the skin; tongue very dry; pulse 124; great weakness. Within eight days, such was the course of the disease, that we were more inclined to infer typhus than acute tuberculosis; only in its later stages the more rapid falling away of strength, the more frequent cough, which very soon brought up lumps of dirty brownish-red, fetid, dissolving sputa; dull sound above, both before and behind, and, at last, cavernous respiration; all these symptoms corrected the diagnosis.

Death ensued in the fourth week.

In the second quarter, out of 6 cases 5 died. Three cases (two very acute and one sub-acute) were originally taken in here. Three more, one of which died on the day of entrance; the other, next day after, were handed over to us, as no longer fit for removal, on the clearing out of the Leopoldstadt Filial Hospital.

Acute tuberculosis, with much resemblance to typhus, was observed in one woman, aged 33; and another, 45.

Death occurred in the first of these women on the fifth day of treatment, and ninth of illness; in the other, on the fourth day of treatment, and eleventh of illness.

The treatment in these two cases was confined to *phosph.;* in the rest, according to circumstances, *phosph.*, *kali carb.*, *arsen.*, *calc. carb.*, *bolet. lar.*, and *stannum.*

We conclude the report of tuberculosis with two interesting results of *post mortem* examination, which more properly belong to the province of pneumonia or pleurisy.

Case I.—May 30. A woman, aged 54, was admitted, in the last stage of tuberculosis. Four years ago, she had pneumonia sinistra, and ever since felt, periodically, in the region from the fourth to sixth rib, about an inch behind the axillar line, a drawing and sometimes burning pain on the left side, especially when *lying on the right side.* Difficulty of breathing occasionally set in. The cough, at first short, dry, and irritating, became deeper, and accompanied with a yellow, lumpy sputum, which came up easily, and still more so at the last; so the strength gradually failed; in the last year, night sweats; and in the last week, diarrhœa. Examination proved extensive tubercular infiltration of the *right* lung. First appeared such an ossification of the costal cartilage that it had to be sawn through; next, a lax adhesion of both pleuræ, by threads of membranous tissue; and on cutting through the lung, in the upper portion were several caverns, from the size of hazel to walnuts, mostly filled with an ill-coloured, thickish substance. The rest of the tissue of the lungs was friable, and thickly strewn with tubercles. The left lung so intimately connected with the *pleura costalis* that they could with difficulty be separated. On cutting this left lung open, we found a cicatrized depression, nearly funnel-shaped, dipping down into the several sinuosities of an emphysematous tissue. *This corresponded with the seat of the periodic burning pain.* The bronchia in their ramifications were greatly enlarged for about 2 inches round the seat of the depression. Scattered tubercles were also found in the intestines. The heart and liver were enlarged.

Case II.—A maid-servant, aged 24, who, by her account, had suffered from pneumonia dextra the year before, but without any particular inconvenience. Poor, afraid of the hospital, and unwilling to lose her good place, she concealed as much as possible her weakness, the accompanying stitch in the side, and the sputa mixed with blood, which she took for hæmoptysis, and even feigned a good appetite. When, however, the debility, oppression of the chest, &c., grew worse, she had to take to her bed, and a physician was called in, who pronounced the case pneumonia dextra. Next day, he pronounced the disease likely to last some weeks, so she was brought here. Whether fortunately or unfortunately for her, a remarkable improvement took place in the night; that morning she got up, went about and undertook light work. [N.B. Patients not unfrequently go through pneumonia without pain, or any remarkable disturbance of the health, as soon as the infiltration is established, and fever abated.] Her cough gradually diminished; the sputa were still, for a longer time, mixed through and through with blood; and the patient, up to February, 1859, always felt well, except some cough and difficulty of breathing when running, going up stairs, and dancing. In that month she was attacked by a very severe typhus, in the Institution, which ended fatally April 5th. On opening the chest, the surface of the right lung appeared uneven, and emphysematous nearly throughout the upper two-thirds. On cutting it open we found, in varions places, cicatrized depressions, with destruction of the pulmonary tissue. Left lung, normal. In and about the cœcum were several typhus ulcers which, in some spots, had broken through the parietes quite to the peritoneum.

MISCELLANEOUS.

Hydrastes Canadensis in Cancer.

By Dr. Bayes, of Cambridge.

In the April No. of the *British Journal* of this year is a paper by Dr. Hastings, of Cheltenham, in which he says that the result of his experience in the treatment of cancer by Hydrastes canadensis is, that 'in no single instance has it effected a cure, nor even appeared to check the disease.'

My own experience has led me to form a different conclusion.

Since last December (when I first had my attention drawn to the reputed powers of Hydrastes, in a communication from Dr. Pattison, in which he very courteously informed me of his method of prescribing the remedy), I have used it in every case of cancer which has come under my care.

The success has been variable. In a case of cancer in the lip, its effect was at once to arrest its growth and check discharge, transforming a moist running mass of fungoid granulations into a wart-like mass. My own belief is it would have cured this case, but an allopathic surgeon, who saw the case, alarmed the man into allowing him to excise it. In all the cases in which I have used Hydrastes it has exerted a marked influence in removing pain and in modifying the discharge, depriving it of its offensiveness. It has usually improved the general health, in a marked degree, but if carried too far produces great prostration of the physical strength. This has at once been righted on leaving off the medicine for a few days, and then resuming its use very cautiously.

In a case of cancer of the left breast, with retraction of the nipple, occurring in a young unmarried woman of about twenty-two years of age, the tumour has almost entirely disappeared. She first consulted me on the 19th of March in the present year, the tumour being as large as a small egg.

In another case of open cancer, also of the left breast, in a married woman of about 50, the ulcerated surface had so diminished, when I last saw her about three months since, that it was not the size of a pea. When I first saw her the ulcerated surface was as large as half a crown. She had suffered from this cancer many years, and it had been ulcerated for four or five years. Before she consulted me she had used powdered bark as an external application, which she said always removed all offensive smell. I substituted powdered Hydrastes with good effect.

My whole experience of the effects of Hydrastes has necessarily been very small, extending over but ten months and relating to seven cases, I can therefore only speak with great diffidence as to its *curative* value, but it appears to me that there must have been some special circumstances in the cases related by Dr. Hastings, which led to the uniformly unfavorable results met with by him.. I have used all potencies from the mother tincture to the 30th, giving in succession a fortnight's course of the mother tincture, then of the 3rd, the 6th, the 12th and the 30th, descending the scale in the same manner.

Half a drop twice a day has been the dose I have given of the mother tincture. The 3rd, 6th, and 12th I have given in pilules, one every night or twice a day (when the patient could bear it). Of the 30th I have usually given 3 globules every second or third night.

As an external application I have used a drachm of the mother tincture to 11 drachms of water: a few drops to be gently rubbed in every night over the unbroken surface. At the same time I have always directed the patients to keep the part thoroughly warm by the application of two or three folds of cotton wool over it. The cancerous ulceration may be washed with a weaker lotion, or dressed with lint dipped in the lotion—or, where it can be borne, occasionally sprinkled with the dry powder.

The Tincture of Hydrastes used by me has been prepared by Mr. Bryant, the homœopathic chemist in our town, from the plant, which he procures from a herbalist. The tincture is of a bright yellow colour.

The true value of Hydrastes can only be determined by an enlarged experience. There may be some forms of cancer to which it is inapplicable, and some constitutions to which one potency may be hurtful, while to another it may prove beneficial. Experience alone can determine this, and it is therefore desirable that the effects of the remedy should be carefully watched at the commencement of each case.

According to the feelings of the patients themselves, the 3rd, 6th, 12th and 30th potencies have produced the most marked relief, especially the 6th.

I feel confident that the Hydrastes is a very valuable addition to our means of treating cancer, were it only for the evident relief it affords and for the improvement it effects in the patient's general health.

I have seen no beneficial results from any other medicines in cases of cancer, which can compare with the results produced by Hydrastes Canadensis. I can corroborate Dr. Hastings' testimony as to the value of Hydrastes in some cases of obstinate constipation, particularly in the atra-bilious. I make these few observations in the hope that they may induce the members of our profession to make a fair trial of the Hydrastes Canadensis. I would also take this opportunity of mentioning that I have formerly tried the method of congelation by the application of ice (as recommended by Arnott) both to cancerous and other tumours, but excepting the relief of pain I have never seen any beneficial result follow. It has neither arrested growth, nor afforded any permanent relief.

Antiquity of Syphilis in Europe.

In reference to this subject, which has been touched upon by Mr. Henriques in his paper, we find, in the *Medical Circular* of Nov. 28, some interesting observations by Dr. Simpson, of Edinburgh, in a paper read before the Epidemiological Society, from which we make a few extracts. The paper is further interesting, by the additional evidence it gives in favour of the doctrine of the non-identity of syphilis and gonorrhœa, which we had thought was now the universal opinion of the medical world, had we not found the opposite view taken in Mr. Henriques' article.

"Dr. Simpson started from the general proposition, that the disease was in 1494 and 1495 first distinctly recognised in Italy, during the invasion of that country by the victorious army of Charles VIII. of France. The malady is generally allowed to have earliest broken out, in a marked degree, at Naples, about the time that Charles took possession of that city in the spring of 1495, or nearly two years after Columbus's return from his first voyage to Hispaniola. Charles set out again for France in May 1495, and the malady seems to have been both diffused by his infected troops along the line of their northward march, and afterwards carried to their respective houses by his own French soldiers, as well as by his various Swiss, German, and Flemish auxiliaries. The new malady was not long in reaching Scotland, as attested by edicts issued in 1497 by the Town Council of Aberdeen, with reference to the appearance of the disease there, and by the Privy Council in Scotland in relation to its prevalence in Edinburgh. By the Aberdeen edict it was 'stated and ordainit, that all licht women be charg'd and ordainit to desist fra thar vices and syne of venerie,'—and a few years later, 'that diligent inquisition be taken of all infect personis with this strange seikness of Nappelis.' The Edinburgh edict was six months later in date than the first of those issued by the Aberdeen authorities. It was, as already stated, drawn up by the King's Privy Council, and proceeds thus:—'It is our Soveraine Lordis will, and the command of the Lordis of the Counsall, sent to the Prouest and Bailies within this Burgh, that this proclamation follow and be put into execution for the eschewing of the greit apperand danger of the infection of his Lieges fra a contagious sikness callit the Grandgore, &c. That is to say, We charge straitlie and command that all maner of personis, being within the Fredome of this Burgh, quhilk are infectit or has been infectit, and incurit of this said contagious Plage callit the Grandgore, devoyd, red, and pass furth of this Town and Compair of the sandis of Leith, at ten houris before none, and their sall have and synd Botis reddie in the Haven ordainit, to tham be the Officary of this Burgh reddilie furneist with victuales, to have thaim to the Inch, and thare to remain quhile God provide for their Health.' The edict further ordains that those who take upon them the cure of the disease are also to pass with the 'infectit' to the inch; and disobedience on the part of the doctor or his patient, rendered both alike amenable to the penalty of being 'brynt on the cheek with the marking irne, that they may be kennit in time to come.' * * * * * *

"There are various sarcastic allusions to the disease by the Scottish poets of these early days, amply testifying to the fact of its rapid diffusion both among the *attachés* of the Court (who were then the most common objects of poetical satire), and among the community at large. William Dunbar, the flower of the old Scottish poets, was at the first introduction of syphilis, in 1497, in the prime of manhood; and in two or three years afterwards, viz., in 1500, was attached to the King and Court of James IV. by an annual State pension. In a number of verses addressed to his patroness the Queen—verses which strongly appear to us at the present day, with our existing standards of taste, as most unseemly and indecent, he commemorates the communication of the new disease under the name of the 'pockis,' or the 'Spanyie pockis,' to the Queen's men, during the jollities of Eastern's e'en, and the reign of the 'Abbot of Unreason,' and he closes his stanzas with an earnest advice to

'Bewar with that perillous play,
That men callis libbing of the Pockis.'

The after effects and consequences of the disease he describes thus—

'Sum, that war ryatous as Rammis
Ar now maad tame like ony Lammis;
And sitting down lyke Soange Crockis;
And has forsaken all such gamins
As men ca libbing of the Pockis.'

Grunbecht and Brandt, who wrote on syphilis in 1496, when speaking of the diffusion of the disease at that early date over Europe, both allude, in very general terms, to its having invaded France, Germany, &c., and reached as far as 'Brittain.' But the earliest specific notice of syphilis in England which Dr. Simpson remembers to have met with, is in 1502; and in this notice the malady is spoken of under the name of 'French pox.' This notice is contained in the interesting Privy Purse Expense-Book of Elizabeth of York, the Queen of King Henry VII., edited by Sir Harris Nicholas. This charitable lady seems, from the records in question, to have had several *protégés* under her immediate care and keeping. Among these *protégés* is entered John Pertriche, 'one of the sonnes of mad Beale.' There are various articles of expenditure successively noted in the Queen's private expense-book as lavished upon this John Pertriche during the currency of 1502, as 'monies' for his 'dyetts,' for 'buying shirts,' 'shoyn,' 'hosen,' &c. There are twenty pence expended for his 'Learnying,' and the last two items in the account record attempts of two different and rather opposite kinds, to amend the mental and moral deficiencies of this hopeful youth. These two ultimate items are :—'For aPrymer and Saulter Book to (John) xx pence,' and 'Payed to a Surgeon which healed him of French pox xx shillings.'

"In the second division of his paper, Dr. Simpson observes that the preceding notices, however brief and imperfect, relative to the first introduction and dissemination of syphilis in this country, were not simply matters calculated to gratify mere antiquarian curiosity. They appeared to him to be capable of a much higher application. For they offered so many elements tending to illustrate the general history of the first appearance of syphilis in Europe, and justify us in drawing from the data they afford, several not uninteresting nor unimportant corollaries in regard to the first origin and mode of propagation of the disease, and the distinction of it from other affections with which it has been confounded. I. These notices tend to corroborate the pathological opinion, that syphilis was a species of disease new to Europe when it first excited the attention of Physicians, and historians, in the last years of the fifteenth century. If syphilis was new in Britain in the end of the fifteenth century, this shows, II. That it is a species of disease distinct and different alike, 1st, from gonorrhœa, and, 2nd, from Greek leprosy (with both of which maladies it has occasionally been confounded), for both of these maladies existed, and were abundantly recognised in this country, long before the era of the introduction of syphilis. III. As regards the mode or modes in which the disease was supposed to be so speedily propagated at its first appearance in Europe, the Aberdeen and Edinburgh records are both interesting, though they offer very opposite testimony on this point. For some time after syphilis broke out, it was believed both by the Medical and non-Medical public, that the disease was communicable and constantly communicated from the infected to the healthy, by the employment of the clothes, vessels, baths, &c., used by those already suffering from it, and by the slightest corporeal contact, or even by breathing the same air with them. One of the gravest articles of guilt brought against Cardinal Wolsey, when he was arraigned by the House of Lords in 1529, consisted in the allegation that, to quote the *ipsissima verba* of the indictment as laid before Henry VIII., 'Whereas your Grace is our Sovereign Lord and Head, in whom standeth all the surety and wealth of this Realm, the same Lord Cardinal, knowing himself to have the foul and contagious disease of the great pox broken out upon him in divers places of his body, came daily to your Grace, owning in your ear and blowing upon your most noble Grace with his perilous and infective breath, to the marvellous danger of your Highness, if God of His infinite goodness had not better provided for your Highness,' &c., &c. For some years after the first outbreak of the disease, sexual intercourse with the infected does not seem to have been suspected by any one as the source and means by which the syphilitic contagion was propagated; nor was the primary affection of the several organs generally noticed by the authors of these times as a constant or marked symptom. They were acquainted with, and described only, the secondary symptoms of the malady—the hideous eruptions on the skin, the ulcers of the throat, the exostoses and nocturnal pains in the bones—while they mostly all pass over the genital organs as if they remained unaffected. So much was this the case, that we find Montagnana, in 1498, recommending, not as a means of infection, but as a means of cure, moderate coition (*coitus temperatus*). Montagnana speaks of having recommended the treatment in question (*coitus temperatus*) to a sick bishop under his care; and perhaps we may venture to guess that such a prescription would neither be the most disagreeable medicine in the world to one who had taken upon him the vows of St. Benedict, nor the one least likely to extend Montagnana's practice among the same class of patients. IV. The early notices (continued Dr. Simpson) adduced of the appearance of syphilis in Scotland are curious, as proofs of the rapidity with which the disease travelled at its first outbreak over the kingdoms of Europe. The new malady was, as has already been stated, first distinctly recognised during the period that Charles VIII. of France occupied the city of Naples, or rather immediately after he left that place. That Naples was the locality in which the contagion first spread so widely and rapidly as to be considered almost the source of the new epidemic; and further, that this happened at the precise date of the visit of the French army—seems to be shown by the very designations respectively conferred at the time upon the new affection by the Neapolitans and French. For while the French, as it is well known, designated it at its first commencement 'the Neapolitan disease,' the Neapolitans, on the other hand, termed it 'the French disease.' The army of Charles on their march through Italy arrived at Rome on the 4th of December, 1494, and entered Naples on the 21st of February, 1495; and after remaining there three months, they evacuated the city on the 20th of May. On the 4th of the same month, the Spanish General Cordova landed in Sicily; on the 5th of July the battle of Torrenova was fought, and the next day King Ferdinand returned to Naples, but the last remnant of the French army did not reach France till the end of the following year. The Aberdeen edict, however, was issued within less than two years after Charles commenced his march homeward. Or to state the matter otherwise, Columbus arrived at Palos, in Andalusia, after his first voyage to the New World, on March 15, 1493, and from his second voyage in April, 1496. The edict of the Aberdeen Aldermen and Council was passed on April 23, 1497, or exactly four years and thirty-eight days from the date of Columbus's first return to Europe; while the famous edict of the Parisian authorities was issued in March 6, 1497, only forty-eight days before that of Aberdeen."

Is Mercury a Hepatic Specific?

What a question! Of course every allopathic practitioner would reply at once in the affirmative. "Your liver is out of order, my good sir, you must have five grains of blue pill;" or "You are bilious, my friend, and require a good dose of calomel." This has been the language of the doctor to the patient for some centuries. Mercury a hepatic specific? can there be a doubt about it? Is the patient yellow, are his stools clay coloured, give him a dose of mercury and straightway his complexion improves and his stools become deeply coloured with bile—at least so all the books say. Is the liver congested; give mercury, it acts so decidedly on the liver. Is there too much bile in the system, give mercury; it carries off the bile. Is there too little bile in the system, still give mercury, it promotes the secretion of bile. A hepatic specific! why it is the only medicine that has any action on the liver. Given a disease of the liver, mercury instantly suggests itself as the remedy. Why, sir, mercury is our "sheet-anchor," for almost all disorders of the digestion. We have a habit of attributing all ailments to derangement of the liver, and mercury follows as a natural consequence. Every thing is "liver" with us, and mercury is therefore always prescribed. Sine mercurio nolumus esse medici, in these days of bilious complaints.

Alas! alas! the faith in which our medical ancestors lived and died, the faith to which all orthodox practitioners have hitherto unhesitatingly subscribed, has just received a rude shock. The question above cited is not only gravely and seriously put—which it never could have been fifty years back, but what is worse, it is now sometimes answered in the negative.

Listen to the following observations which were lately made without meeting with an indignant protest, in that most orthodox assemblage of doctors, the Medical Society of London.

Dr. THUDICHUM said,—"Since I touched upon this question in my paper, (see THE LANCET, Oct. 20th, p. 388,) a communication has been published by Dr. Inman, of Liverpool, which so clearly exposes the fallacy of the current notions about the relationship between mercurials and the liver, that I am induced specially to draw attention to it. Dr. Inman has spoken my ideas of the subject, but on some points I am enabled to correct or amplify his information.

"1st. That mercury does not make its appearance in the bile when given in the form of calomel has been proved by Mosler, (Virchow's Archiv, vol. xiii., p. 29.) Doses of from twenty-two to fifty-two grains produced no appearance of mercury in the bile, neither was the quantity of bile secreted thereby augmented. If

I recollect right, an author in India, writing in THE LANCET, attempted to controvert the facts of Mosler, and stated that he had found mercury in the bile. Even if that should be so in some cases, there remains the fact, nevertheless, that the quantity of bile is not increased by that agent.

"2nd. H. Nasse, Kölliker, and H. Müller found that the addition of calomel to food, which under ordinary circumstances produced a certain and normal quantity of bile in dogs, diminished the quantity of bile.

"3rd. Taking into consideration three experiments of Kölliker and four of Scott's, related in Beale's 'Archives,' Dr. Inman comes to the conclusion, that the chances are six to one that calomel will diminish the hepatic secretion. The facts I have stated make the proportions worse. In nine cases out of ten, calomel, whether it purges or not, will diminish the quantity of bile secreted. Where it acts as a purgative, the diminution is most conspicuous.

"4th. In my reply to the observations of Drs. Leared and Routh, I allowed that mercurials, particularly calomel, by their purging action, might relieve some disorders of the liver or other organs, or of the general system. This effect could be purchased at less cost by other purgatives, because the specific action of mercury was always hurtful, excepting, of course, in cases of syphilis. The mere fact, therefore, of cases of liver disease having been improved by the action of mercurials, is no proof of their specific advantage.

"5th. The stools which are passed after the use of purging mercurials, particularly calomel, are supposed to contain more bile than usual. This assumption rests upon the observation that these stools are mostly green—a fact which appears to me to be at the bottom of the entire tissue of errors.

"The green colour of calomel stools is due to sub-sulphide of mercury, just as the black colour of stools following the use of preparations of iron is due to sub-sulphide of iron. The sub-sulphide of mercury can be easily obtained from those stools by levigation, or chemical proceedings. So much is proved. On the contrary, it is not proved that calomel stools contain any increased quantity of either bile or biliary colouring matter (cholochrome.) From the experiments quoted above, the reverse of this unproved hypothesis will probably be found to be true—namely, that the green calomel stools contain a smaller amount of biliary colouring matter than an equal amount of solid matter from healthy fæces.

"*Note.*—When the fæces passed after a dose of calomel or blue pill become green, they also begin to scald the anus. This sensation has been ascribed to the bile, which was then believed to be passing. It is only reasonable to ascribe this scalding, not to bile, which is not present, but to the sub-sulphide of mercury which has been proved to be present.

"6th. Dr. Inman adopts the estimate of the quantity of bile discharged by a man of 160 lbs. weight, in twenty-four hours, as sixty-six ounces. The most accurate calculations from experiments upon animals permit me to assume that an adult person secretes between 195 and 675 grains of solid matter through the biliary channels. The amount of solid matter contained in human bile varies between eight and sixteen per cent. It therefore follows that the amount of average bile secreted by an adult in twenty-four hours fluctuates between 1200 and 9000 grains, or 2 oz. 240 grs., and 18 oz. 360 grs.—a vast difference from 66 oz. But substituting these figures for those given by Dr. Inman, and assuming the fæces to weigh half a pound instead of a pound, (the dry residue of a healthy man's fæces does not usually exceed two ounces,) Dr. Inman's subsequent conclusions become still more correct.

"7th. Dr. Inman assumes that the clayey, white stools of persons suffering from jaundice, might contain the ingredients of bile minus only the colouring matter. This has not been proved to obtain. As, on the other hand, it has been proved that the healthy fæces contain no biliary matter except a derivate of chlolochrome, Dr. Inman's assumption becomes very improbable, and the reverse opinion gains ground, that the clayey, white stools of the jaundiced contain neither bile, acids, or cholochrome. I am far from admitting, as a reliable fact, that the liver may secrete colourless bile. I also cannot admit that in jaundice the colourless part of the bile could go into the intestines, while the coloured part passes into the blood. With regard to these points, I differ entirely from Dr. Inman, not because I think that such might not occur, but simply because no such occurrence has been proved.

"8th. I take this opportunity to point out that the question of the discharge of any modified biliary matter besides cholochrome in the fæces requires further study. The ordinary biliary salts are certainly not present; the fæces contain little soda. But some modified cholic acid might still be contained, and escape observation, as it had hitherto done in gall-stones. According to Berzelius, five ounces of fresh excrements contained twenty-one grains of a matter similar to bile. Considering that 675 grains is the maximum and 195 grains the minimum of solid bile, any modified cholic acid in the fæces could not be less than three, nor more than ten per cent. of the bile secreted in twenty-four hours."—(*Lancet*, Oct. 27, 1860.)

Many a practitioner has established a reputation for skill in bringing away the bile, by giving a dose of blue pill or calomel, and thus causing motions tinged green with the sub-sulphide of mercury, which both he and his patients have mistaken for bilious discoloration. In like manner medical men have to our own knowledge, inspired their patients with a great veneration for their talents by giving a dose of some ferruginous preparation and bringing away a quantity of "horrid black stuff," which was only their own medicine changed into sub-sulphide of iron.

But if it be true as asserted above that mercury in nine cases out of ten diminishes the quantity of bile secreted, it does not cease on that account to be a hepatic specific. On the contrary, its so acting on the biliary secretion is a proof that it is a hepatic specific, valuable in precisely those cases where the secretion of bile is diminished. It is no doubt on account of the observation of this remedial action that the reputation of mercury as a hepatic specific has been established. M. Jourdain long spoke prose without knowing it, and the old school have long been practising homœopathically in an equally unconscious fashion. It seems to us a strange mode of reasoning, to conclude that because mercury diminishes the secretion of bile, therefore it is not a hepatic specific. We should rather say that these experiments, if they prove anything, prove that mercury is a hepatic specific, and that its specific action is shown by diminishing the secretion of bile.

Catching a Tartar.

In the *Daily Telegraph* of a few months back there appeared an earnest letter advocating justice to homœopathists and homœopathy, signed "A Licentiate of the Royal College of Physicians."

This effusion or rather the signature seems to have stirred the bile of a Fellow of the London College of Physicians, and on the same day on which the first letter appeared, he sat down and wrote a very bitter and sarcastic, or what was meant for sarcastic, but was only venomous or perhaps we should say atrabilious, letter to the editor. "No doubt," says he, "that you and the public generally think that the licentiate in question belongs to the London College of Physicians, but you may be well assured that he does not do so;" and then he goes on to insinuate that this degenerate licentiate who advocates homœopathy must be a member of some obscure college of physicians of a town in the far north called Edinburgh, which is so vulgar as to admit fellows without degrees and who "make up their own drugs." Now this "fellow" insists that the London College does neither of these two things, and he "ventures to say that no licentiate of this college wrote that letter on homœopathy;" he is "bigot enough to hope that no licentiate of the London college would be got to dabble in the affair." Most persons are not in the habit of pluming themselves on their bigotry, but judging from what this precious "fellow" says, we presume the bigotry of the college which snubbed Harvey and persecuted Jenner, is considered as a sacred heir-loom to be kept unimpaired by its successive fellows. And thus we account for the amazing spectacle of a member of a "liberal" profession boasting of his bigotry in respect to a matter which it is the bounden duty of his college to enquire into impartially.

"I trust," says he, "you will allow this statement to go forth to the world," *i. e.*, we suppose the confession of bigotry by a "Fellow of the Royal College of Physicians of London."

The editor of the *Daily Telegraph* gives the poor "fellow's" confession all the publicity he desires; but at the same time puts him right with respect to a matter of fact he is mistaken about. "Our sapient correspondent," says the editor D. T., "is in error. The writer of the letter alluded to *is* a most distinguished member of the *London* Royal College of Physicians."

What a mortifying contradiction to the unfortunate "fellow!" And he so cock-sure that no one connected with his ineffable college could "dabble" in homœopathy! What course will the wretched "fellow" pursue now that he finds the abhorred heresy has infected one of the sacred confraternity? Will he in disgust retire from the fellowship of the college and abandon all the rights and privileges thereunto pertaining? Will he set detectives to discover the heretical licentiate and then devote his energies to obtain his expulsion? Or in his desperation will he rush to the shop of his neighbour, the Edinburgh licentiate, "who makes up his own drugs" and procure a five grain blue pill to rid his tortured system of the bile that is seething up within him?

Miserable "fellow!" what would become of you did you know that not one, but some dozens of the licentiates of your exalted college "dabble" in the dirty heresy. Ah, yes! "dabble" is the word, just like so many ducks in a filthy puddle, crying to your offended ears "quack, quack" in the most bare-faced manner. Alack and woe is me! it is not only licentiates of your immaculate and bigoted college that are given over to homœopathy and the foul fiend; but fellows, yes real live fellows like yourself are to be found under the banner of Hahnemann.

We sincerely trust this astounding and deplorable fact may not reach the ears of this most unfortunate "fellow" otherwise the consequences might be dreadful. What! the college that sneered at Harvey and rejected Jenner, tainted in some of its members with a freedom from bigotry! What evil times have fallen upon us!

What a hornet's nest has our "fellow" stirred and brought about his ears by his gratuitous defence of the purity of his college! Letter after letter appeared in the *Daily Telegraph* each inflicting its pungent sting upon him by bringing forward proofs of the triumphs of homœopathy in disease, among the public and among the profession, and unkindest cut of all, at last there appears a vigorous leader on the subject all in favour of homœopathy. Surely our persecuted "fellow" will cease taking in the *Daily Telegraph* after this shameless confession of homœopathic leanings, he will give it up and transfer his subscription to the *Star*. But no! the *Star* won't do for our orthodox "fellow," it dabbles in spirit-rapping and kindred delusions. Must he then give up his daily pennyworth of news? There still remains the *Standard* which, as far as we know, is not yet committed to anything heretical. We therefore recommend the *Standard* to our mortified "fellow," and we trust that in that lively publication he may long be able to devour his daily pennyworth of news over his tea and toast without running the risk of having his digestion impaired by any heretical leading article or correspondence.

Subjoined are a few extracts from the spirited article of the *Daily Telegraph.*

"One reason why learning languishes among the doctors is that they submit to be paralysed by the tyranny of their colleges, which, in many instances, are to medicine what the Royal Academy is to the fine arts. Every innovation is by them regarded as a heresy, every discovery as an imposture. They cannot reform, because reformation is surrender, and their charters repose upon ancient principles. The medical sessions in the various quarters of London open every year with sonorous speeches in which young men are told to go forward in the path of HARVEY and JENNER; but JENNER and HARVEY were GALILEOS in their day, and had it rested with their brethren, would also have been martyrs." * * * * "No senior member of the Royal College of Physicians of London however high his qualifications, is entitled to ridicule a belief entertained by eminent doctors of medicine of the Universities of London, Edinburgh, or Dublin, and members of the various Colleges of Physicians and Surgeons. Whichever opinion may be in the right, homœopathy is a principle which explains itself, while allopathy is the patchwork result of evershifting experiment. The former may be error and the latter science, yet we know whenever the controversies have arisen which side has generally had the best argument. It will not do, whatever our habits of mind or prejudices may be, to hoot down a creed which has won over three thousand converts from the colleges of the very order which assails and affects to scorn it. We, of course, are not dealing with the question from a professional point of view; we merely insist upon fair play, upon reasoning instead of sarcasm, and upon moderation of language. When the doctors lose their temper, what chance is there of getting at the truth? When assertion is pitted against experience, we can only infer that the disputant is either at a loss for a reply or too irritable to care for one." * * * * "The faculty, which continually prescribes patent medicines unknown to the pharmacopœia, will not persuade the public, at any rate by a taunt, that it has sounded the depths of science, and that under no other system of treatment have cures been wrought. Besides, is it not a house divided against itself? Has it not its schisms, its pretenders, its wrangling, and its thousand variations of theory?" * * * * "Yet this gentleman thinks it would be beneath the dignity of the Royal College of Physicians to enter the lists of controversy with the disciples of HAHNEMANN. Why so, unless, in the nature of things, it were morally and physically impossible that HAHNEMANN, because he was HAHNEMANN, should have proclaimed a truth? 'Medical testimony,' said CURRAN, 'is in its nature flippant and compendious; it hops with airy and fastidious levity over proofs and arguments, and perches upon assertion, which it calls conclusion.' Has not every recent poisoning case, by arraying one set of medical men in direct defiance of another, justified our belief that the science is, as yet, in a crude state, and that immeasurable advances must be made before it can be said to have been established upon a rational basis? A body of students—for the physician all his life is a student—who represent a science still so imperfect have no right to affect a tone of supremacy, or to predict that their code will never be superseded. Mankind owe little gratitude to the colleges, and it may prove in the end that more has been done for the cure of disease by heretical methods than by the drugs, the drenchings, and the poisons of Apothecaries' Hall."

Bravo *Telegraph!* Alas poor "Fellow of the Royal College of Physicians!"

Inconveniences of Truth-telling.

It is related that once upon a time a diplomatist in a fit of absence of mind, or at all events in a state of forgetfulness as to the duties of his vocation, penned a despatch, in which, departing from all the precedents of his office, he stated the truth; and that thereupon such a hubbub and confusion ensued among the diplomatic world, that reams of despatches and a perfect army of royal messengers and couriers had to be employed to repair the blunder worse than a crime committed by the thoughtless statesman, and bring the diplomatic train once more upon the well-worn rails of falsehood. We have recently seen something similar occurring in the allopathic world. Allopathy like diplomacy is intolerant of the truth in respect to homœopathy, and if by some oversight a small fragment of the prohibited article should be smuggled into its territory, the whole army of self-constituted allopathic *douaniers* is seized with an attack of indignant zeal and fussiness.

In the *Lancet* of some weeks back a Dr. Charles Murchison reviewed the published lectures of the late Dr. Todd, and alluding to the present antipathy to depleting treatment and the use of mercury, for the production of which antipathy great credit had been claimed by his partisans for Dr. Todd, he had the incautiousness to say: "The homœopathists, Dr. Bennett of Edinburgh, and Sir John Forbes, have far more claim than Dr. Todd to its origination," viz: the origination of the present antipathy to bleeding and mercury. This statement was true enough as every one knows, but Dr. Murchison had better for his own peace and comfort have left this particular bit of truth for ever at the bottom of its well, than have ventured to drag it up and expose it in the columns of the *Lancet*. Scandalized allopathic diplomacy by its special ambassador Dr. Beale expressed its consternation at Dr. Murchison's reckless disregard of all *conveniences*. Indignant Beale speaking in the name of an outraged craft, soundly rates unfortunate Murchison for his admission. "Who can read such a sentence," he exclaims, "without regretting that it should have fallen from a member of our profession, and that it should have been published in one of our medical journals!" Who indeed? Dr. Beale. What on earth was the Jupiter Tonans of the trenchant *Lancet* about to allow such a sentence to appear in the pages of his organ hitherto unsullied by a word of truth respecting homœopathy? *Nonnunquam bonus dormitat Wakleyus.* Was Wakley so busily occupied in calculating his chances of election for Southwark, that he had no time to look over the proof sheets? or was he at length and at last resolved to allow a little bit of truth respecting homœopathy to appear? or did he allow the obnoxious statement to appear in the hope and expectation that it would cause a rumpus, and give rise to a controversy that would enliven the somewhat heavy matter which chiefly occupies his columns? Whatever be the reason, we agree with Dr. Beale in thinking it a most regrettable circumstance that such a heretical truth should have been allowed to disturb the hitherto unbroken uniformity of allopathic error as mirrored in the pages of the *Lancet*. Dr. Beale "objects very strongly" to the expression, and every right-minded allopathic medical man will share his strong objections. He considers the coupling together of the honoured names of Bennett and Forbes with homœopathists as "what almost amounts to an indirect insult to two distinguished physicians," and so must every allopathist who has the honour of his system at heart. Nor does it at all matter that these two "distinguished physicians" have themselves allowed almost precisely the same credit to homœopathy as Dr. Murchison claims for it. Dr. Murchison very imprudently quotes in his reply to Dr. Beale what the two distinguished physicians have said on the subject. He writes—"The meaning I intended to convey was, that homœopathy had enabled us to study the natural history of disease, and had in this way demonstrated the inutility of much of the treatment formerly pursued, and that the same conclusion had been established by the labours of Sir John Forbes and Dr. Bennett. My remark was founded on a knowledge of the views which both the physicians in question had publicly expressed concerning the influence of homœopathy on modern medical practice. Sir John Forbes, in his article 'Homœopathy, Allopathy, and Young Physic,' published in 1846, wrote as follows:—'We have no more right to reject the evidence supplied in favour of homœopathy by its professors, than we have of rejecting any other evidence in favour of any other medical doctrine, theoretical or practical.' And again he speaks of homœopathy as 'destined probably to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself.' And lastly, he observes, 'in this respect, if in no other, the doctrine of Hahnemann will have conferred an inestimable benefit on the healing art.' Dr. Bennett also makes use of homœopathy as an argument against the necessity for bleeding in pneumonia. 'Very severe cases of this disease,' he remarks, 'were observed by Dr. George Balfour, of Cramond, in the Homœopathic Hospital of Vienna, under a treatment that no reasonable man can suppose to be anything else than inert; yet most of these cases got well, and may be considered as excellent studies of the disease left entirely to nature.' —*Edinburgh Medical Journal*, II., 787."

But this was only making matters worse. Dr. Beale had given Dr. Murchison a fine opportunity of explaining away his expressions too favourable to homœopathy, but Dr. Murchison is evidently a blunderer, and so he only plunges deeper into his original fault. Evidently such a style of diplomatic operations wont do for allopathy. What! commit the blunder of telling the truth and back it up with quotations from distinguished authorities. That will never do. That is as bad as if our illustrious Foreign Secretary had written a despatch conveying most unpalatable truths respecting the rights of subjects and the wrongs of sovereigns, and had sought to strengthen his revolutionary and subversive opinions by quoting similar sentiments from Vattel or some other distinguished authority.

Wakley seems by this time to have become aroused to a sense of the danger of a correspondence carried on in this manner, for at the end of Dr. Murchison's letter he adds significantly:

"⁂ Here this controversy must end."

On the Action of Hydrochloric Acid in Phthisis.

BY RICHARD PAYNE COTTON, M.D.

In the present communication I have to report the effect of hydrochloric acid upon twenty-five in-patients of the Consumption Hospital. As in my former observations upon remedies in phthisis, the cases were not selected, but taken as they chanced to be admitted into the Hospital, those only being excluded which presented some special complication requiring appropriate treatment.

Of the twenty-five patients, seventeen were males and eight females. Their respective ages varied from sixteen to forty years. Ten were in the first stage, four were in the second stage, and eleven in the third stage of the disease. In twelve instances the mineral acid was given alone; in thirteen cases it was combined during part of the time with cod-liver oil. The dose of the acid varied from ten to fifteen minims of the dilute hydrochloric acid of the Pharmacopœia mixed with peppermint-water, and administered three times a-day. In three cases it was tried for only a fortnight, but in all the rest it was continued for periods varying from four to thirteen weeks.

Of the twenty-five patients, eleven *greatly improved:* six *slightly improved;* and eight received *no benefit.* Of the *greatly* improved cases, seven were in the first, two were in the second, and two in the third stage. Of the *slightly* improved patients, one was in the first, one in the second, and four in the third stage. Of those who received *no benefit*, two were in the first, one in the second, and five in the third stage.

Sixteen patients gained in weight; eight lost weight; and in one there was no alteration. The changes in weight were particularly noticed in reference to the cod-liver oil. In six cases, although no oil was taken, there was a great increase of weight (an average of six pounds to each patient); but in all the rest who either did not or could not take the oil, there was more or less loss of weight. Without reference to the oil, however, those *greatly* improved were found to have increased in weight, although such increase bore no direct proportion to the amount of improvement, some who had gained the least having been quite as much benefited as any of the rest.

The improvement was in several cases very marked indeed, both locally and generally; the disease appearing to be arrested, and the patients declaring themselves "quite well." This was especially noticed in three cases, in one of which the disease was already in the second stage; in two of these no cod-liver oil had been taken, in one this remedy had been occasionally added to the acid. Two other persons, who had actual vomicæ, also improved very decidedly, the pulmonary secretion greatly diminishing, all the general symptoms subsiding, and the patients ultimately leaving the Hospital materially improved in every particular. Of the seventeen more or less improved cases, seven took no oil; while in ten, it was occasionally taken in combination with the acid: in two of the latter cases the oil seemed to make little, if any, difference; but in at least four, it appeared to contribute materially to the general result.

In five of the patients who were obviously benefiting under the hydrochloric acid, the experiment was made of changing it temporarily for an equivalent dose of *liquor potassæ*. In one of these there was no marked effect, the patient appearing to do equally well under either acid or alkali; but in the other four the change was more or less prejudicial, the patients unhesitatingly affirming that they were progressing less than when taking the acid. Much care was used in making this observation, the patient's own words being in each case recorded.

In very few instances did the hydrochloric acid at all disagree. Now and then a little gastric pain was complained of, but in no case was it necessary permanently to abandon its use. As a general rule, the appetite greatly improved under its administration.

For some years past I have frequently prescribed for phthisical patients the mineral acids in conjunction with gentian and other vegetable tonics; but I became anxious to examine, as far as possible, the separate influence of the acids. The frequency with which consumptive persons suffer from dyspepsia,—the fact that the free acid frequently occurring during healthy digestion is the hydrochloric,—together with the well-known solvent effect of this acid upon the plastic constituents of the food, pointed rather to it as the proper object of the experiment, than to either the nitric or sulphuric acid. I have no reason, however, to think that either of these acids, or the compound known as the nitro-hydrochloric acid, may not be equally beneficial: but upon this point I hope to make further observations.

After making due allowance for other influences, so favourably brought into operation at the Consumption Hospital, I cannot help coming to the following conclusions:

1. That the mineral acids are well suited to a large number of phthisical cases.

2. That the dilute hydrochloric acid especially, in doses of ten or fifteen minims twice or thrice a-day, is an important auxiliary to other treatment; and may oftentimes be usefully employed, either alone, or in conjunction with other mineral or vegetable tonics.—*Medical Gazette*, 17th November, 1860.

CLINICAL RECORD.

Cases showing the Contagiousness of Phthisis.

By Dr. Rogerson.

(*Continued from Vol.* XVIII., *p.* 692.)

In the last number of your Journal, I brought before you certain cases illustrative of the contagion of phthisis, and also showed in what manner the morbific agent exerted its influence over a healthy body, as well as the great facility afforded for reproduction and redevelopment. The pure oxygen of the sleeping apartment, when brought in contact with the lung during each inspiration, and there becoming contaminated by the tubercular emanations—this again thrown out during each expiratory act, commingling with the confined atmosphere in the bedroom, and again becoming inhaled by the lungs of a sound and healthy individual, must undoubtedly exert a most deleterious effect over even the strongest and most robust constitution.

Certainly, we are not at present prepared to state what may be the nature of the changes which occur in the lung during the interchange of gases, or through what means any *materies morbi* affects the system; but of this we are certain, that in the latter stage of the disease, the exhalations from the lung, together with those of the cutaneous surface, assume a most sickly, if not offensive, character, still, how often do we find husband and wife, wife and children sleeping in the same apartment, and inhaling the same injurious and polluted atmosphere. The case, undoubtedly, is a hard one, more especially for a woman, with her delicate emotions and never-dying love for her husband, to leave that bed where, years before, they slept, sound in body, calm and tranquil in mind, with all those warm and sincere affections, with her tender heart and ever watchful eye; and she will, even against the wishes of her medical adviser, persist, although to her own peril, sleeping in the same confined chamber Disease has no exceptions; even that tender loving heart, which watched with motherly care and love over the body of her dear husband, who is, probably, now no more, will in the course of a short time become the victim of the same disease, and die in the same affectionate bed. Here the family attend upon the wants of the mother. She becomes ultimately so weak and exhausted that it is with some difficulty she is able to raise the body to cough, spit, &c.; then it is found necessary that some of her family sit up with her at night, and administer to her hourly wants. The family may be large; the house may be small, some of them requiring to sleep in the same room; their means may be scanty, insufficient to support the necessary requirements of the system. Some must work, and in order that the body may be refreshed and invigorated for the toil of the coming day, sleep is found to be absolutely essential; the remaining part of the family content themselves with attending to the wants of their invalid mother. They sit with her by day, partly sleep and partly doze with her by night; breathe the very atmosphere contaminated with the exhalations from her nearly lifeless body. Nocturnal perspirations commence; the room becomes more and more confined; diarrhœa sets in, adding to its previous unhealthy condition; and in a short time death closes the scene. The children now begin to droop in health; some are seized with cough, take to bed, from which they never rise. Their means become daily more scanty. Some are removed to the Infirmary, others to the workhouse, the remainder resort to some ill-ventilated and unhealthy lodging-house, and there drag out a miserable existence among filth and unclean linen. Such is not at all an overdrawn picture of what frequently occurs among numerous families, more especially among the poorer classes, where ventilation and cleanliness is so very imperfect, and so little attended to. Taking into consideration then the mode of propagation and extension of contagious and epidemical diseases generally—their mysterious origin—resisting the strongest atmospheric currents—travelling over hundreds of miles of sea, over lands uninhabited—settling down in certain localities, and among certain classes of people, then committing ravages to an incredible amount. The sudden march of cholera, influenza, pleuro-pneumonia, small pox, &c. &c., when coming in contact with our systems under certain favourable circumstances develope each their characteristic disease.

To render the subject more interesting, as well as instructive, I will cite a few cases which have lately come under my observation, and recorded from notes taken at the time of attendance.

Sarah H., aged 32, residing in a healthy, well-drained, and open street in Manchester, of healthy parentage, and herself of a strong and robust constituion, has since her hushand's death, 13 months ago, suffered from severe cough, which has gradually become more and more severe in character, with sputa of a thick muscular consistence, occasionally streaked with blood from a cavity in the apex of left lung. For some months she has been losing flesh to a considerable extent, so much so that it is with difficulty she is enabled to rise from bed and leave her sleeping apartment. Up to her husband's death, who was attended by Dr. C. D. Phillips, a most trustworthy and skilful practitioner in town, under whose care he died after a short illness—up to that time she exhibited no signs whatever of pulmonary disease. Since her cough has become so severe, her sister, a girl of 19, has been accustomed to sleep in the same bed—the room being very small, and the windows built upon the old system, proper access to ventilation is thereby rendered impossible. Having occasion to see her a few days ago, her mother brought in this young girl, who had gradually for the last three weeks been drooping in her health; the red and rosy cheek, characteristic of youth and beauty, has now become supplanted by a pale, anæmic and cathectic appearance; the face, once lively and cheerful, has been rendered dull and desponding; the mind, once fresh, buoyant, and clear, is now in a semi-comatose condition; and the body, formerly strong, vigorous, and robust, is now (as far as we are able to judge) labouring under incipient pulmonary disease. There may possibly have existed in this individual prior to sleeping with her invalid sister, the predisposition, which has since then manifested itself pretty decidedly, and in such a short space of time; but when we take into account the fact of the father and mother, other sisters and brothers, and even the present invalid up to marriage, being quite healthy, we can arrive at no more legitimate conclusion, with what knowledge we at present possess of the subject of contagion, than that if not contagious, it is, undoubtedly, suspicious.

In this case then, the wife, previously healthy, became affected through her husband; her daughter, a young girl of 8 or 9, living in the country with her grandfather, exhibits as yet no signs whatever of the strumous diathesis; her sister, aged 19, also healthy up to sleeping with an invalid sister, has lately exhibited symptoms similar to those of incipient pulmonary disease.

A man named J. M., aged 36, came under my notice in the beginning of April last, complaining of cough, pain in chest, heavy sputa, difficulty in breathing, hæmoptysis, loss of flesh, hoarseness. accelerated pulse, nocturnal perspirations, feet swollen, with occasional diarrhœa; black hair, blue eyes, nose prominent, also large and well developed, mouth large, teeth regular, muscular system imperfectly developed, chest narrow, shoulders round, neck long and thin, fingers bulging at extremities, nails club, with vascular zone at tip; a seemingly very intelligent man. Left side dull on percussion; right, natural. Left, on auscultation, cavernous breathing, with loud gurgling occasionally; over right, puerile respiration.

Two of his brothers died of phthisis; a sister also died of some chest affection. Is married, and the father of two children. His wife, since he became confined to bed, having become very weak, and unable to perform her usual household duties with the same bodily activity, although, as yet, having no occasion to sit with him by night. Her parents are, as far as I am able to judge, of healthy constitution, with no apparent indication of any strumous disease, Lately, however, she has complained of a short, hard, dry, and very distressing cough, more especially in the morning, and after any mental or bodily excitement. Up to this time she had been sleeping with him; having often told him of his "bad breath," and advised him, for her own comfort, to turn his back to her face. She is the mother of three very fine children—two of which are very healthy; the other one, the youngest, being very subject to sore throat, swollen glands, &c., after the least exposure to cold. Finding her health gradually becoming impaired, I ordered her to go to the country for some weeks, during which time she gained daily strength, cough became abated, headache and other unfavourable symptoms entirely disappeared. Since her return, however, I have ordered her to sleep in a separate room and separate bed, her husband being in a very exhausted and perilous condition.

In this case there was no absolute certainty that the wife was to become the victim of the same disease under which her poor husband was labouring, still it is very possible, that had they continued sleeping in the same bed, her symptoms would have become more and more severe, until only within the palliative power of medicine.

In the beginning of February last a woman, named Windle, requested me to visit her husband, who was then confined to bed, suffering from severe cough; expectoration of a very heavy and purulent consistence; pain in side; voice nearly inaudible; feet swollen; nocturnal perspiration; latterly, diarrhœa. Under both clavicles, more especially that of right side, marked indications of existing vomica; his breath was so much oppressed that it was with considerable difficulty he was able to raise his voice.

From what I could learn regarding previous history, his father lived to a good old age, having died of apoplexy with partial paralysis; his mother died of a disease similar to his own, also two of his brothers. The wife, an apparently stout and healthy woman, although lately very much reduced in circumstances caused through the illness of her husband, had for the last 13 days slept in the same bed, without undressing herself, as his wants were so numerous, and being of an irritable temperament must be promptly attended. I attended him until his death. Shortly afterwards, some 8 or 9 days, she came under my care with all the symptoms of incipient pulmonary disease Having prescribed for her several weeks, found the disease rapidly increasing. She left town to reside in Wales with an uncle, where. under a generous diet, plenty of open-air exercise, and the constant use of Calc. and Phos. every morning and evening, she so far recovered as to be able to assist her relation in the household work; but for the last 8 or 9 weeks I have heard no further account of her progress.

In this case the body was placed in the most favourable circumstances for receiving the *materies morbi*, and little doubt whatever could be entertained regarding the case being one of incipient phthisis—the germ of which she received from her now lamented husband—and more so from the fact of health being so speedily restored under the influence of the fresh country air.

A few months ago, a young girl, aged 17, of healthy parentage and herself of a strong and robust constitution, until having been sent for by a friend in the country, who was at that time suffering from pulmonary disease and unable to rise from bed. The apartment of the present invalid was large, with every necessary access to ventilation. This young girl slept in the same bed with her friend for upwards of three weeks, when she became so weak and exhausted, that at the urgent request of her parents she left the country again to reside in the town. It was then that she came under my notice—complaining of short, hard cough; pain in side and shoulders; dyspeptic symptoms, &c.; loss of appetite. Day after day her strength failed; and in the course of two weeks she took to bed, the disease gaining ground day by day, until after a lapse of six weeks of great pain and suffering, she gradually sank.

Here then, there can be no doubt whatever entertained concerning the contagious powers of phthisis, placed, as she was, in the most favourable circumstances, with fresh country air, good wholesome diet, and proper ventilation—all the essentials so necessary in guarding the body from the invasion of any contagious disease—with all those advantages, she gradually succumbed to, and ultimately died of the same disease. Having considered then, in as brief and succinct a manner as possible, "the theory of the contagion of phthisis," having given a few isolated cases occurring in every-day practice—the minute details, however, not being so satisfactory as could be desired, yet quite sufficient to lead us, quite naturally, to suppose, even to the mind of the most sceptical—that, if not contagious, we are necessarily led and compelled to believe that it is at least suspicious; and on the very ground of its being suspicious, we ought to use our greatest endeavour in order to prevent any one, even the most strong and apparently healthy, from sleeping in the same bed with, or attending, more especially during the night, upon any one suffering from pulmonary or tubercular disease.

OBITUARY.

Dr. Fearon, *of Birmingham.*

By the death of Dr. Fearon, Homœopathy has lost one of its earliest practitioners and most zealous advocates.

He was born in Jamaica in the year 1817, and, about the age of ten, was sent to England to finish his education with a view to his entering the established church. His mind was early given to religious matters, and the objection to the union of Church and State was the cause of his seeking another profession. He accordingly went to Edinburgh and commenced the study of medicine, as a pupil of Dr. Campbell, the lecturer on midwifery. He passed the College of Surgeons of Edinburgh in 1838, and afterwards went to Paris, where he became known to Hahnemann and convinced of the truth of Homœopathy. He returned to Edinburgh with the intention of taking his degree and spreading the knowledge of Homœopathy. He accomplished the latter by reading papers at the medical societies and promoting discussions thereon. But these proceedings frustrated the former. He was told that he would run the risk of being refused his degree, because he had taken so active a part in making known the principles advanced by Hahnemann, and in consequence of this he did not present himself for examination.

However at a subsequent period, when he was expecting to return to Jamaica, he obtained a diploma from Giessen, but he, nevertheless, remained in England and continued his study of Homœopathy in London.

Whilst there he got an introduction to Mr. Shirley, then M.P. for South Warwickshire, who wanted a Homœopathic practitioner to go to Ireland to treat the tenantry on his estates. Dr. Fearon accepted the post, and found it a very arduous one, having to see sometimes as many as one hundred patients in a day. His health suffered much from the exposure to weather and disease when visiting his poor patients.

In this isolated position he was attacked by typhus fever, and there being no one at hand to prescribe and administer those medicines in which he had confidence, an allopathic surgeon was sent for, but Dr. Fearon, who refused to take any of the drugs prescribed, got out of his bed, weak as he was, and prepared his own remedies.

After about a year's residence in Ireland, he returned and resided a short time in Leeds and Brighton. In 1845 he came to Birmingham, and at once opened a public and self-supporting dispensary, at which he laboured with unremitting energy for about sixteen years. He worked for a long time single handed, but afterwards he was assisted by others, to whom he had practically and theoretically proved the value of the new system of therapeutics, and whom he had attracted from the ranks of his opponents. The dispensary was thus made the means of commencing a fund for the establishment of a hospital, which he lived to see accomplished two years before his death.

We cannot conclude this passing notice of one who for so long a period has been so actively allied with the present position of Homœopathy in the Midland Counties of England, without referring to those strong impressions of religious sentiment which were so intimately woven with his reflections, intercourse and habits from day to day. With a charity too vast for practical adaptation in this age of this world; and an earnestness which overlooked the impossibility of its attainment, he exhorted and strove to direct men's minds towards effecting the union of all religious tenets however opposed in details, and to reconcile even the professors of those creeds fundamently at variance. In the simplicity and enthusiasm of his object, he desired that all christians should so far unite in brotherhood and communion as to acknowledge *charity* to be their common watchword, and as the late Dr. Arnold expressed it: that though disciplined in different ranks and armed with weapons variously formed, they should muster under the same banner and unitedly contend in the same cause.

A truly good man and conscientious labourer in the cause of therapeutic truth, whenever his health failed, the rich were the first whom he ceased to visit, but the poor he exerted himself to attend so long as he was able to perform his professional duties.

BOOKS RECEIVED.

Bulletin de la Société Gallicane.
Monthly Homœopathic Review.
American Homœopathic Review.
Our Holiday at Laverstock House Asylum. London, Churchill.

WM. DAVY AND SON, GILBERT STREET W.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE CORRELATIONS OF SCIENCE, PHILOSOPHY AND MEDICINE.

By Dr. McGilchrist.

No modern words have been used with greater license, with more vagueness, than these words—*science* and *scientific*. Nearly everything, it might almost be said, which implies the use of scientific language, is now termed science; and to pass for a "scientific man" it is, now-a-days, only requisite to be endowed with the faculty, which very many superficial and comparatively ignorant people possess, of compilation. In these days of text books and scientific dictionaries, most people who have ordinary application can "cram" for a popular article or lecture on any scientific subject you please, and the less they feel their ignorance in those departments of knowledge which subtend all the sciences alike, the more likely are they to feel quite at their ease in dealing with the particular subject chosen for their adornment; the more confident their opinions, unmodified their assertions; and, possibly, the more acceptable will their discourses prove to enlightened audiences of their own stamp. Again, a simple extension of this kind of acquirement—the faculty of judicious compilation, an acquaintance with the latest state of a special branch of science, joined to some real acquirements therein, which need not, however, be profound, only extensively superficial—fits many a man in his own estimation, and unfortunately in that of the public, to aspire to the position of a teacher and an authority in science: the consequence of which is, that we have too many teachers and too many authorities in science, and most of them the mere exponents of the latest authoritative state of their several sciences, quite apart, generally, from their correlations. And it is a principal evil of this again, that it tends to foster that sort of tyranny of scientific opinion which has hitherto been the bane of true science—of science as a whole; that it tends to dislocate the sciences from one another; that it almost necessitates, what it so fully accounts for, the *extra academical* expansion of the sciences. Now, more than ever, it is characteristic of the scientific teachings of the schools to aim at the reverse of originality or independence in method or in thought. A few great names being set up, not undeservedly for the most part in their own sphere at first, the researches, views, or discoveries of those who hear them are forthwith stereotyped, as it were, for all science whatever, and quoted *in terrorem* as embodying the only possible orthodox faith of the age.

This is, perhaps, the natural phase of "the progress of the age"—an age of which it may be said, that it is progressive in matters scientific from the circumference to the centre, apparently; that it has the inductive epidemic very bad indeed; and that it is all out in a pompous popular eruption. Nor is there anything in itself to be deplored in the real, or assumed, reverence for *living* authority which so markedly distinguishes the scientific teachings of our day. This becomes obstructive to the solid advancement of science as a whole only when it is carried too far: but it is carried too far at present. The criterion of scientific truth has too much come to be the teachings of the schools, these teachings again being, generally, just those of the greatest living authorities in each special branch of science. Such greatest living authorities are, doubtless, in the right place, each at the head of his special branch of science, for the time being. But then, the sciences are correlated, and unless, therefore, your greatest living authority be a man of general mental culture, as well as a man of special science; unless he have the synthetic capacity to grasp, and the extensive acquirements necessary to illumine, illustrate and arrange harmoniously all the correlations—philosophic and other—of his scientific speciality, his is not the gospel worthy to be preached, as such gospels are often preached in our schools, as if it were exhaustive; nor is his the name that should go down to future ages associated with the enunciation or elucidation—(indeed, it is often generally accomplished, rather than specially scientific men who pave the way for, or foreshadow, as it were, the discovery of great laws)—of a grand generalization. There are, in truth, two kinds of authoritative scientific men. The first are the true heroes whose names live after them, perennial, whether or not themselves be recognized as the representative men they really are whilst they live. These are men of large intellect, of wide grasp of thought: the cast of their minds is invariably synthetic or deductive, fitting them for broad and deep surveys. Wanting, perhaps, generally, in analytic aptitude, and in that faculty of ingenious hair-splitting which, under the garb of a spurious induction, has ever been, and is now, in vogue with the noisy and empty scientific plodders who so seldom fail to get themselves noticed and rewarded in the meantime. Hence the true representative men are often, or always, coldly, even derisively received by their little scientific contemporaries. Such were the Galileos, the Keplers, the Newtons* of astronomy; the Harveys, the Jenners, the Hahnemanns of medicine. The other kind of authoritative scientific men have quite an opposite cast of mind—inductive to an extreme, analytic to a fault. Their grasp is narrow; intellectually they see but a very little way before them. Their eyes are never turned towards the stars, glowing like them with an unfathomable light, with a deep intelligence, suggestive of utterances almost too sublime, in their ultimate significances, to be clothed in human language: for their noses are ever to the grindstone; and they often grind themselves into notice and reputation, although they have but a very small 'acquaintance with most of what does not, as they ignorantly imagine, at all concern—because it does not appear *directly* to concern—their special branches of study. That there is, or should be at least, no such thing, in the grand sense, as a special pursuit, is a dictum clean beyond their comprehension. Examples of such scientific authorities, great or small, it were invidious to particularize. May they not be recognized in most of our universities?—markedly in our schools of medicine, where they are busily idle in decomposing facts; prosecuting diseased researches microscopically; poring over test tubes; and devising, for their own glory and the greater adornment of their clinical lectures, utterly useless minutiæ in physical diagnosis. The evils such teachers and teachings do is reflective; and hence the rising generation of medical men enter their profession through the narrow analytic doors under which their predecessors stooped before them.

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* Newton is seldom instanced as one of the martyrs of scientific discovery; but he, too, had to endure much scorn and obloquy for a while. The enunciation of his grand generalization was thus received, in the words of Dr. Chalmers:—"Authority scowled upon it; and taste was disgusted with it; and fashion was ashamed of it; and all the beauteous speculation of former days was cruelly broken up by this new announcement of a better philosophy."

Meanwhile, that general science is advancing on the whole steadily, who can doubt? A knowledge of philosophico-scientific facts is surely becoming more generally diffused; and although it may, perhaps, be questioned whether the surface information so characteristic of this age is a real blessing to all who make its acquaintance, yet it is doubtless preparing the minds of men to take a more accurate measure of the pretensions of the practical sciences: it is banishing from society the *mystery* in which it used to be possible for the professors of the art of healing, for example, to enshroud themselves, their doctrines, and their practice. This tendency will ere long tell against that "scientific medicine" which is the modern stronghold of the schools, and which now (the outworks having been shaken by General Hahnemann and others) has become the rallying post and the rallying cry of the orthodox. But before medicine can freely undergo the sweeping revolution for which it has been some time ripe, this citadel, too, must be demolished. True it is, the "scientific medicine" of the British schools is—and it is easy to call it what it is—a jumble of pathological physiology, pathological anatomy, pathological chemistry, married to evanescent theories of diseased action, *via* a chaotic and poisonous therapeutics in which very few cordially believe, and which, accordingly, is becoming effete. And, doubtless, such a state of things existing still in a country rich in schools and colleges, devoted more or less exclusively to medical teaching, and where men of various conflicting shades of opinion increasingly abound, cannot represent permanence. But still, revolutions, in such a complicated science as medicine may be taken to represent, must necessarily be of somewhat slow and partial growth, especially in a country like ours—the cast of the national mind being analytic rather than synthetic.* Hence it seems not unlikely that the dominant British schools may succeed in limiting for a long time, at least here, the elements of medical disruption to the province of therapeutics, unless their pretensions can be assailed from a higher platform, and it can be shown that their methods of observation and research are as limited and insufficient as their principles are unsettled, and, in fact, impossible. It is our profound conviction that, heavy as is the blow, and great the fall in popular estimation which orthodoxy has met in the collision it stupidly courted (on the one question of all others it should have fought shy of—the therapeutical) with homœopathy, much remains to be accomplished on the side of innovation, before the schools can be ousted from their new "scientific" position, which, as it is their last citadel, so it is their strongest, and will be the longest and the most cunningly defended. In this position they will succeed in rallying round orthodoxy a great proportion of the less reflective and more superficial members of the profession—the majority, the *mere medical men*, who revere names and fail to distinguish between pseudo or theoretic-speculative science and that series of inductive instances, built up into deductions, out of which generalizations are capable of being evolved, which would constitute the scheme of a truly scientific medicine (so far as such a compound is constructive) if such had an existence as a totality.

That such a science does not now exist as a totality, it needs none of our proving. Contributions, some of them (*e.g.*, the therapeutical one of Hahnemann) of immense consequence, have certainly been made from time to time by the representative men of medicine; but no permanent light from out the schools has yet been shed on medicine, considered in its totality as a science presumable or possible. In the face of this, however,—and it is a significant sign of the blindness of the academical times—times without real progress—there is still a loud, and even an increasing talk about a something styled "medical science," which the student and the public are accustomed to believe in, without being able to ascertain with anything like distinctness *what it is*, as the proper solvent of error in practice, and which they are moreover told is the exclusive property of the orthodox. Few care, and fewer, perhaps, are capable, leisurely to analyse this vaunted science of the schools of which they hear so much. It is a lo, here! and a lo, there! Sometimes it is remarked or remembered, doubtless, that nearly every discovery with which therapeutics, or any other practical branch of medicine has been enriched, seems to have little traceable connection with this mysterious "science" of the schools, having emanated from some body or other quite beyond their pale. But, again, the mass of men here have a faith, blind, indeed, but still a faith, in this science of the schools, which has done and is yet to accomplish such wonders for suffering humanity; and even among those who have lost faith in it, few have the courage, or care to be at the trouble to denounce it as a sham. But assuredly it is so. What has been said (by an ill-understood, a mystical, but a great man*) of the sciences in general, may be more justly said of the sciences that pertain to modern medicine—that "they have already been carried to their tomb, where they are now buried, with the mind their subject, in the small dust of modern experience." The "science" of the schools has no living existence, we believe, above "the small dust" of that analytic method which is limited to modern experience, and *that* modern experience, for the most part, individual only. It is, in fact, merely the gilded motto of a standard round which it is sought to rally the disunited forces of "legitimacy." As long as the schools teach, or leave it to be inferred from their teaching, that analysis is the one road to truth, scientific medicine, so called, will continue what it is now—a barren, materialistic pursuit, incapable of real progress. Progress may, indeed, be assumed for it; but it must necessarily be a reflected progress, *ab extra*, derived from what it affects to despise;—a sham progress, like that of the victorious armies which make their triumphal entries from the side of the stage, repeating their pompous march round the back scenes of a narrow theatre. Science it may be called; but it is only bastard science. Inductive it may be styled; but it is a misconceived Baconism, which ignores the alliance between philosophy and the investigation of nature.

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* In this respect the antithesis to the genius of the German mind, which is essentially synthetic.

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* Swedenborg.

To this alliance, for the most part not perceived, or grossly misconceived, by the medical teachers of the age in which we live, we must now direct attention. To show that such an alliance is essential to the real progress of all science—that it is of the first consequence to medicine in its scientific connections—such is the design of this paper; a design, we are free to admit, at once too wide for our imperfect powers of illustration, and for the space at our present disposal in this Medical Journal: wherefore we will the more court brevity.

In hazy medical regions especially, the opinion prevails, that there is something almost sacred about the philosophy of Bacon, or "the inductive method," as it is called, which not only renders it immaculate in itself, but places it above and beyond speculation. As if, since Bacon's day, there was no longer any excuse, much less any need, for *a priori* reasoning at all, as far, at least, as relates to medicine, or to physiology rather let us say, since physiology is, properly speaking, the representative of medicine—the state of physiology and its relative progress as a science being, on the whole, the measure of the progress of medicine. We may here observe, however, in passing, that while this is true on the whole, it is not always or specially true. The extant condition of medicine, indeed, presents the seeming anomaly of one branch of it, and that among the most practical, dislocating itself, as it were, from the others, and by the aid of an independent method—which, inasmuch as it is deductive, is opposed to the established canon of medical research, and therefore heretical—working out a great new truth. We allude, of course, to *therapeutics*, which, since the dawn of homœopathy, has taken up new ground, and shown itself capable of vast possible expansion. This therapeutical disruption, still in course of action, furnishes a direct instance in point of what we have already remarked, viz., that the progress of medical science, so long as it continues confined to its present academical tramways, must be from without, from circumference to centre, and not the reverse, as it ought to be if the medicines of the schools were really scientific. And it points in the direction from which medicine must expect, or ultimately receive, its elevation into something approaching to a truly scientific branch of knowledge. As therapeutics have been guilty of a successful deduction, so must physiology also be guilty, sooner or later, of new, or the revival of old, deductions.* This by the way. But, again, there is an indefinite notion afloat, to the effect that the inductive method is opposed to, and somehow destructive of the deductive, which it has, once for all, put out of court. But every philosopher must realise the fallacy of such a notion. Not only is the inductive method in itself *not* immaculate, but *by itself* it is open to serious objections as a method of observation and scientific research. The truth seems to be, that much stereotyped nonsense is commonly uttered about induction and the inductive method by those who do not clearly understand the original or true position and the environments of the Baconian philosophy, and who are not aware that some of the oldest cultivators of the exact sciences, in common with some of the most eminent students of philosophy (metaphysical), have expressly insisted on the inadequacy of this method, *per se*, to the attainment of the objects of *both* kinds of pursuit—the scientific and the mental alike. Let the following quotation, from one of the highest modern authorities in philosophy, suffice for the present in proof of this: "In the importance which Bacon assigns in every science to the middle principles, it is impossible not to agree with him. But I conceive him to have been radically wrong in his doctrine respecting the mode in which these *axiomata media* should be arrived at; although there is no one proposition in his works for which he has been so extravagantly eulogised. He enunciates as an universal rule, that induction should proceed from the lowest to the middle principles, and from those to the highest, never reversing that

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* What we mean by this we may here illustrate by an example of a rather curious kind, which, although we have not space to do more than allude to it, is interesting, and worthy the reader's verification. It is a fact, we believe, that the only consistent and satisfactory doctrine—a doctrine which is now being demonstrated *inductively*—regarding the function of the spleen, and also that of the supra-renal capsules and thymus gland, is that which "Swedenborg the Mystic" (as Carlyle has baptized him) enunciated deductively and independently; and it was probably a hundred years after its first enunciation before the plodding, analytic physiologists of the schools, as a body (an odd one here and there may possibly have read the "*Animal Kingdom*" in the original), became aware of the existence of this solution of a difficulty they are still squabbling about, and which does not even yet admit of direct material analytic demonstration. So that the deduction of a philosopher who lived so long ago, who never practised medicine nor took a degree in it, who probably never opened a human body, or studied anatomy otherwise than by plates, actually promises to prove the refuge of the destitute pathological physiologists of the year of grace 1861! "There are certain organs in the body (says *Wilkinson*, his translator) which have always been looked upon as the *opprobria* of physiologists, who, indeed, appear to fail wherever nature

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does not speak by an ultimate fact; that is to say, wherever there is a clear field for the understanding, as apart from and above the senses. The absence of an excretory duct is sufficient to consign an organ in perpetuity to the limbo of doubt. Surmise, indeed, respecting its functions, is still allowed, but proof is considered impossible. * * Without stopping to do more than direct the reader's attention to his (Swedenborg's) doctrine of the spleen, the supra-renal capsules, and the thymus gland, as being satisfactory and irrefragable, it may be wondered why the physiologists should single out these organs as special subjects whereon to make confession of ignorance. These organs are closely connected with others, and ignorance respecting them involves ignorance respecting the others also. Connection of structures in the body is also connection of functions, forces, modes and accidents. If the function of the spleen be unknown, so precisely, to the same extent, are the functions of the pancreas, the stomach, the omentum, and the liver; if the functions of the succenturiate kidneys be unknown, so are the functions of the diaphragm, the kidneys, the peritoneum, and, indeed, of the whole body; for the body is a continuous tissue, woven without a break in nature's loom. To be ignorant of a part, is to be ignorant of something that pervades the whole."—*Animal Kingdom*, *Introduction*.

order, and consequently leaving no room for the discovery of new principles by way of deduction at all. It is not to be conceived that a man of Bacon's sagacity could have fallen into this mistake if there had existed in his time, among the sciences which treat of successive phenomena, one single deductive science, such as mechanics, astronomy, optics, etc. are now. In these sciences it is evident that the higher and middle principles are by no means derived from the lowest, but the reverse. In some of them, the very highest generalizations were those earliest ascertained with any scientific exactness; as for example (in mechanics) the laws of motion. Bacon's greatest merit, therefore, cannot consist, as we are so often told that it did, in exploding the vicious method pursued by the ancients of flying to the highest generalizations for it, and deducing the middle principles from them, since ***this is neither a vicious nor an exploded method***, but the universally accredited method of modern science, and that to which it owes its greatest triumphs. The error of ancient speculation did not consist in making the largest generalizations first, but in making them without the aid or warrant of rigorous inductive methods, and applying them deductively without the needful use of that important part of the deductive method termed verification."*

In the next place, and as it is inferrible from the above passage, there is no real antagonism between Induction and Deduction; on the contrary, they meet at their several extremes and become conterminous. For what is a completed induction but a slow, laborious, often lame and halting process of building up separate facts like separate bricks—some of them crooked, perhaps, some straight, others long or short—into an edifice solid and harmonious as a whole?—and what a verified or established deduction but a like edifice, or the same, completed and constructed in a different manner—at one grand effort, and from above downwards as it were? In which regard, if a comparison be admissible, the latter, the deductive edifice, stands forth much the nobler monument of human achievement. The boast, therefore, so common now-a-days in the mouths of scientific—merely scientific—men, that they are inductive in their ends and aims, as contradistinguished from the speculative thinkers who are the reverse, or only deductive, is a poor boast, a narrow and unmeaning one. Bacon himself, although his deficiency in mathematical knowledge, as some of his commentators believe, lead him to overlook the equal importance of deduction, seems to have had some misgivings at times that he was pursuing his single road to truth too far; for more than once he has let fall indications of this, and seemed to imply that in the second part of the *Novum Organum*, never completed, he meant to modify the exclusiveness of his method by special reference to its deductive bearings—as in the following passage: "The indications for the interpretation of nature include two parts. The first relates to the raising of axioms from experience; the second, to *the deducing or deriving of new experiments from axioms.*" So that we may say, that what certainly appears on the whole from his *published* works, viz., that Bacon undervalued deduction in the investigations of science, or, as he would say, in "the interpretation of nature," and overestimated the value of the inductive method *per se*, may possibly be more a justifiable conclusion from what he has left on record, than a fair presumption from what he has left unsaid. "The present cultivators of science (Wilkinson aptly observes) boast themselves followers of Bacon in the inductive method, apparently grounding their claim on the fact, that they dwell in effects or in proximate causes to the exclusion of final causes. It is a remarkable circumstance, that each age since Bacon's time has considered itself especially as his follower, and that the present age, besides laying this unction to its soul, denies the genuineness of the Baconianism of all preceding ages. Meanwhile there can be no doubt, that if Bacon himself were to publish his works now for the first time, he would be ranked among the mesmerists, the phrenologists, and the other poor gentiles, who are banished by common consent to the far islands of the scientific world, and would be exterminated from it altogether if they were not preserved in some mysterious way. Bacon himself would belong to these gentiles; but would their antagonists *then* lay any exclusive claim to his philosophy? We apprehend not. The inductive method would be far from fashionable if its larger tendencies were seen, or if the scientific beliefs to which Bacon himself was led by it, could be currently reported. Would it not freeze a Royal Society to the very marrow to be identified in any way with the man who believed, as the great Bacon did, in witchcraft, and the medicinal virtues of precious stones?"

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* *Mills' System of Logic.*

To this, space permitting, we could add other illustrations of the fact, that the modern inductive zealot is not exempt, by virtue of the tendencies of his exclusive method, from the very speculations which he is ever so ready to charge as a weakness to the account of the deductive philosopher.*

* It can hardly be doubted, however, we think, that the general tendency of that rage for analysis which, under the name of induction or "inductive science," has become the fashion, is towards materialism in science generally, and in the studies which go to make up the compound science (if such it can be called) of medicine specially. Doubtless this is, for the most part, not seen by those who are ignorantly pursuing this beaten path as their only road to truth. But a little reflection might surely make it evident, even to them, that it is necessarily *special* truths only that can be arrived at by obstinately following such a path, and never, except by accident, or after generations of laborious and sometimes useless fact-collection, *general* truths; since a multitude of minute and isolated facts, however great, can never be of much value till they have been so transposed, weeded and arranged, as to be rendered capable of condensation in a regular sequence; and even then they are not necessarily expressions of new generalizations. To be constantly engaged in exploring, classifying, dividing, subdividing, arranging, and rearranging, even facts (various and often conflicting facts), is to pass one's life like a horse in a mill,—making progress, certainly, but only relative progress; making a multitude of small discoveries, maybe, but only such as correspond to the intricacies in a quick-set hedge; working a machinery which, though not on that account the less useful in its place, is as old as the hills. "The inductive method (says Macaulay) has been practised ever since the beginning of the world by every human being. It is constantly practised by the most ignorant clown; who by this method is led to the conclusion that if he sows barley he shall not reap wheat." We do not, in short, deny that the scientific sticklers for induction are ever in pursuit of facts; we simply question the value of crude facts, maintaining that it is as a million or more chances to one against any given number of them spontaneously arranging themselves into a regular sequence, or leading straight to a new or great generalization. Wilkinson has, we think, very sagaciously —though it may seem to some too forcibly—observed, that "facts in the general are less recognized now than they were at the beginning of the last century," and that "the modern state of physiology" (which, by the way, has now become *pathological*) "in general, is a universal dispersion of even sensual knowledge;" and its pretended respect for facts is not real,—otherwise it would study their *significance* instead of being exclusively engaged, as it is, in their *analysis*.

The excessive reverence for this analytic or abused inductive method is, partly at least, based upon this among other misconceptions, that the field of *leasts* is more easy to discern and understand finally than that of compounds or generals, whereas the contrary is rather the case; a whole, including all its parts, being more or less homogeneous, and, if explicable at all, explicable of all it includes; and not only so, but the larger or higher it is in the field of generals, the greater is its *analogical* significance. By analogy it points to other generals to which it is correlated, and along with which it falls prospectively to be included. Thus, *from the analogical point of view*, which is nearly opposite to that generally assumed by the schools—and the paramount importance of which deserves special subsequent illustration—the true value of naked and minute facts in science, however numerous they may be, is seen to be small indeed, and the principle stands confirmed, that facts are only "agents of uses and results." If not so viewed, they become mere playthings which may, by chance, suggest bigger and more ingenious playthings, but out of which nothing grander can be constructed.

Herein, we think, is to be found the explanation of an often-cited anomaly: how often do we hear it acknowledged and lamented, that many scientific facts, medical scientific facts especially, are *not*

> "The sturdy chiels that winna ding,"

but, on the contrary, notoriously protean in their character and application! Who now readily pins his faith to those laborious and exact "statistics," which in nearly every department of practical science—as "the numerical method" sometimes—are held up to the popular and the student gaze as one of the crowning triumphs of induction? The modern rage for "statistics" and "the numerical method," by the aid of which it was confidently asserted nearly every problem in medical and in social science might be reduced to the simple proportions of arithmetical calculation (this being lost sight of, however, that unless the calculation were a *mathematical* one, *i.e.*, deductive *a priori*, its value must necessarily be in all cases empirical), and the gradual explosion of this latest inductive bubble, furnishes an instructive illustration of the barrenness of the methods of observation inculcated by the schools.

By way of demonstrating the vanity of all attempts to dislocate science from philosophy, we shall here refer more specially tò the synthetic relations of the sciences to each other:

Much confusion still obtains, here and there, in the use of the terms *science* and *philosophy*, and as to their correlations. Indeed, the word philosophy has proved a fruitful source of confusion with writers who introduce it perpetually without attaching to it a meaning which is precise—that is, without having themselves defined it mentally. But let it be understood, once for all, that philosophy, as contradistinguished from science, is *metaphysical*, and the confusion forthwith vanishes. Philosophy being, in this connection, metaphysical, has for its special aims and methods to discuss or enquire into the origin of things, *i.e.*, *causes*, and whatever relates to the existence of things *per se*, *i.e.*, *essence*. Positive science, on the other hand, concerns itself only with the investigation, and aspires to the discovery, of *laws* or great generalizations; having for its aims and methods to discuss not what things are in themselves, but their how, or their *modus operandi*. Here is a distinction at once broad and deep. How, then, are philosophy and science correlated—how conterminous? Briefly thus:

The mathematics form the connecting link between philosophy and the sciences proper, and have indeed been very generally claimed by the metaphysical philosophers as their exclusive property. But, in truth, the dislocation of mathematics from the other sciences is not only a mistake, but it is evidently an impossibility. This will presently appear, at least by implication. Placing mathematics, then, at the head of the sciences, whilst viewing it at the same time as the connecting link between philosophy and science, it results that philosophy and science are both deductive, and both deductive *a priori*. But, whereas philosophy (metaphysical) is deductive only *a priori*, science is deductive both *a priori* and *a posteriori*, so far, at least, as it includes mathematics. Mathematics is the ideal of a deductive science—it is deductive *a priori*, and purely so. Induction has no concern in the kind of problems with which it deals. It *proves* nothing; but it *demonstrates* all that is capable of demonstration. The demonstrable propositions of mathematics, hence, being *a priori*, express therefore *necessary truths;*[*] and the significance of demonstration as contra-distinguished from proof is this—demonstration is infallible, whereas proof is fallible. All mathematical propositions are, hence, either absolutely true and correct to an iota, or else absolutely untrue and totally incorrect. Proof, on the other hand, though it may ascend towards the deductions of science, cannot go further. But beyond the sphere of the mathematics, science is deductive *a posteriori*; and herein lies in a nut-shell the reconciliation of induction and deduction, so erroneously viewed as antagonistic or contradictory systems or methods of scientific observation and research. A very few words will make this sufficiently evident.

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[*] It has been subject of dispute among the metaphysicians whether the famous *law of contradiction* properly applies to all such propositions—viz., *à priori* necessary truths. Kant has denied, while most later metaphysicians affirm this. Professor Ferrier (of St. Andrew's), like others, has attempted to confute Kant on this ground, but, metaphysician-like, has missed the key to the controversy; the fact being, that the older dispute as to the origin of our ideas lies at the bottom of this well too. Kant may be quite wrong, but Ferrier (like others) has failed to show it, and in the attempt has laid himself conspicuously open to the charge of very sorry quibbling. As a matter of curiosity we may be excused, perhaps, for here sketching this metaphysical nut which is still a-cracking:—" The criterion of contradiction (says Ferrier) must be brought to bear on *every* necessary truth, otherwise it is unworthy of the name." [He means, we take it, that otherwise the criterion or law of contradiction is unworthy of the name.] This is precisely what Kant has denied. He divides all judgments into two classes—analytic and synthetic. There are, he conceives, two classes of synthetic judgments—the *a posteriori* and the *a priori*. The former are dependent on experience; *e.g.*, gold is ductile—the quality ductility being an experimental predicate of the metal. His *a priori* judgments are independent of experience; *e.g.*, a straight line is the shortest road between any two points, real or imaginary—a proposition which experience can do no more than *confirm*, but which has a certain universal recognition independently of experience. Ferrier's answer to Kant's doctrine, as to the synthetic judgments *a priori*, runs thus, in the note he devotes to its demolition [see his *Institutes of Metaphysics*, Introduction]:—" He (Kant) holds that all such propositions express necessary truths, and yet they are not to be tested by the criterion of contradiction, and that in their case the predicate is in no way involved in the conception of the subject. He maintains that all the axioms of geometry and arithmetic are synthetic judgments *a priori*, and that the law of contradiction does not apply to them. His most prominent illustration is the proposition $7 + 5 = 12$,

Leaving, now, mathematics, positive science has for its object the discovery and enunciation of *law*, and its investigations are capable of being carried on, from the point at which a law, or a generalization corresponding in its sphere to a law, has been arrived at, *by deduction alone*. A science in such a stage of its progress is a perfect deductive science, and the ideal of such a perfect deductive science is Astronomy. What axioms or *a priori* necessary truths are to mathematics, laws or *a posteriori* deductions are to astronomy. The former,

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which, he says, cannot be tested by this law. It is obvious, however, that it can, and that, therefore, it is an analytic proposition. For let us say, "7 + 5 are unequal to 12;" but that is equivalent to saying that 7 + 5 are not 7 + 5 (that a thing is not what it is); in other words, the predicate (unequal to 12) contradicts the idea which is involved, either directly or indirectly, in the conception of 7 + 5, the subject of the proposition." Dr. Whewell commits himself, in a different connection, begging the question, in much the same way. "Necessary truths (says he) are those in which we not only learn that the proposition *is* true, but learn that it *must* be true; in which the negation is not only false but impossible. That there are such truths cannot be doubted. We may take for example all relations of number. Three and two make five. We cannot conceive it otherwise. We cannot by any freak of thought imagine three and two to make seven."

To the student of Locke it is evident that the results of such controversies turn exclusively on the answer to this one question,—Have we, or have we not, any ideas independent of experience? But whether we have, or have not, the fallacy involved here, in Professor Ferrier's and Dr. Whewell's demonstration of the fallacy of Kant's doctrine as to *a priori* synthetic judgments *via* the law of contradiction, is sufficiently transparent. The former truly cannot *now* by any possibility bring himself to believe that 7 + 5 are *un*equal to 12; nor the latter, by any freak of fancy, imagine three and two to make seven; but why? Simply because they have both been to school when boys, and have been *taught* to reckon. There was a time when they would have believed what they now pronounce impossible of belief had they been daily told it as a fact by their parents or teachers. It does not matter that when they grew older they would have adopted their present belief, and acquired their present certainty. This matter, at least, is one of *experience*. Did either of them acquire the multiplication table, for instance, or assist his judgment in testing its calculations while acquiring it, by applying to it the criterion of contradiction? We opine not. The fact is, the law of contradiction is a famous law, but, like some other famous laws, it has been made to answer for a great deal too much.

therefore (mathematics), philosophically denominates the latter (astronomy), stands at the head of all science whatever, and is, in a sense, what Pythagoras claimed for it when he enunciated, as the motto of his philosophy, that "Numbers are the principles of things," or the *ultimate nature* of things. Inasmuch, moreover, as astronomy, which ranks next to it (being first among the *a posteriori* sciences), is dependent by its method on the aid of mathematics, it is manifest that mathematics is thus indissolubly linked with astronomy, and through astronomy with all *a posteriori* science whatever; whilst, on the other hand, it is indissolubly linked, by the genius of its axiomatic method, as a science resting on *a priori* necessary truths, with (metaphysical) philosophy. And thus (astronomy in its turn being linked with the inductive *a posteriori* sciences which stand after it), the circle is closed, the demonstration completed; and philosophy and science are shown to be so correlated that whatever method of scientific research implies their dislocation must necessarily be at bottom a fallacious, or at the least an insufficient one.

Mathematics, then, being not only the direct link between philosophy and science, but also the first of the sciences; astronomy, corresponding to it (as the connecting link between *a priori* and *a posteriori* science) on the lower plain of deduction *a posteriori*, ranks as the second.

Leaving now astronomy, it is important to observe, we come to a class or group of sciences (chemistry *perhaps* excluded) as to which it cannot be predicated that they are deductive sciences *in themselves*—*i. e.*, that the investigations with which they are properly concerned can be carried on deductively; although, by the aid of each other they may be so carried on, more or less, being capable, if correlatively pursued, of rising to deductive utterances. Singly, they occupy inductive ground; and even when pursued in combination, or correlation, the more elevated ground to which they are capable of attaining is often ill defined and therefore missed. This is the explanation of a seeming anomaly which, space permitting, we might illustrate specially, endeavouring to show why those branches of science with which the study of medicine is specially concerned so commonly lead to *theoretical con-*

clusions and results merely. It is owing, at least partly, to the non-recognition of this correlation of the sciences among themselves, and to the prejudices which the schools have somehow imbibed on the subject of induction as *versus* deduction.

Chemistry, although it is fast advancing, occupies still, perhaps, frontier ground between a deductive *a posteriori* science, like astronomy, and such sciences as physiology, anatomy, and botany, which rest on the lower plain of simple induction. This is true of the last-named sciences, on which medicine so far is built—true of them, that is to say, as they are applied or taught in the schools. But a most important distinction requires to be noted here between the present recognised state of such sciences, as expounded academically, and their *transcendental* possibilities, as recognised by the individual thinkers who have applied them deductively.

Each of the sciences, after mathematics and astronomy, is dependent on an inductive method, on the slow and often confused process of fact-collection, for its individual advancement; but *by the collateral aids of the sciences above it,* its investigations are often capable of being carried on deductively, or at least assuming the deductive direction and energy; and it is thus that the two methods may be shown to meet in scientific investigations generally. But for such a science as chemistry, a position somewhat peculiar may be claimed. It deserves to be placed, probably, as it were, in a special plain; and perhaps such sciences as geology correspondingly occupy a kind of sub-plain between chemistry and physiology, &c.

Notwithstanding all that has been written, and some of it so suggestively, on the early history of chemistry,* the special significance and application to the correlations of philosophy and science of the fact that chemistry, like astronomy, *began at the wrong end,* so to speak, remains to be better insisted on. Chemistry, indeed, began as a philosophy; it began deductively; it began by resting on assumed *a priori* facts or truths. But its assumed *a priori* facts were false; they had no inductive side, and were incapable of analytical confirmation. Such was *Alchemy*: it was in fact a false philosophy. Of false philosophies there have been many other remarkable historical examples—metaphysical, theological, social. But this historical example has a kind of especial value, alchemy being probably the best marked instance, and even the most modern, of a philosophy (not theological) which attempted to become scientific at one wild leap, and which therefore attempted an impossibility. Its was a pure error in method from the beginning. The industry with which the old alchemists, year after year, age after age, pursued their researches, equals or surpasses that of all the inductive men of science who have lived since chemistry arose. Many of these old alchemists doubtless fancied themselves analytic men of science, because they were ever occupied in fusing metals, in decomposing as well as amalgamating; but, in truth, they were philosophers, and the special object of the search of most—but not quite all—of them was very appropriately called "the philosopher's stone." Alchemy then, from the true point of view, had nothing to do with science as such, and none of the methods of science—the deductive as little as the inductive—is specially chargeable with its failure or impracticability. A proof of which is, that as chemistry arose and began to interrogate nature inductively—began at the opposite end—the dreams of the alchemists (though long afterwards still clung to by some of them) ceased to be repeated as realities, and the favourite pursuits and the long-cherished faiths and hopes of millions were gradually abandoned.

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* A paper in the published Essays of the late Dr. Samuel Brown, entitled, if we rightly recollect, *Alchemy and the Alchemists*, is worthy of the readers' attention in this connection.

Note, now, the contrast which chemistry, the reformed alchemy, presents—the contrast of a science which began inductively, or as a science of fact-collection should begin—to that of a philosophy which attempted to progress as a deductive science, with its *a priori* principles assumed and false. The history of the progress of chemistry has been exactly the reverse of that of alchemy from which it sprung. Having started at the opposite end of the enquiry, having begun by interrogating nature quite the other way, it now approaches—however gradually and yet at a distance—the kind of goal which alchemy sought to gain at one leap; and as it progresses, it begins to leave behind it its inductive livery, which it has long worn as an humble servant waiting upon nature. It now begins to assume a deductive garb. It is not yet perhaps, strictly speaking, an exact science; but it has attained to such generalisations as, in its sphere, correspond to the laws which have already elevated astronomy, once like it a premature philosophy, an astrology,* to the higher plain of a perfect deductive science.

Of the sciences more especially linked to medicine, and which occupy the lower plain of *induction*, Physiology, which takes the lead, or ranks highest in the programmes of the schools, and which does seem at first sight the most comprehensive, rather ranks from this point of view after anatomy; if we regard anatomy, that is to say, not as a mere inductive art-science, not as it is mechanically taught in our schools of medicine, but as a science which by the aid of deduction, or the analogical method, applied to it by such thinkers as Oken, for example, has already risen out of its first or inductive stage—has, in fact, become *transcendental*—and promises to soar towards the higher platform which chemistry has attained already. Of Botany, in like manner, which as it is taught in our schools is the most meaningless of all the sciences—little better indeed than an art of classification—the same deductive possibilities are predicable analogically. It is true, indeed, that physiology is so intimately connected with anatomy in all its developments, that the two sciences must in future be more or less inseparable and contemporaneous in their progress. But it is also true, on the other hand, that physiology as taught in the schools has become theoretical, or theoretico-pathological, to such a degree, that in the present absence of clear ideas as to the correlations of the sciences generally, its solid advancement (about which, however, the lecturers are continually boasting) is likely to be slow and adventitious.

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* A somewhat similar, though dimmer, contrast might be drawn between astrology and astronomy, as to their relative origin and development. Both subjects admit of brilliant illustration, but mostly of a historical and literary kind.

Nothing would be more illustrative, we think, of the vanity of that method of mere analysis which has infected the schools, than the history, if it were followed minutely, of the rise of the sect who style themselves *practical pathologists*, and to whom modern medicine is indebted (?) for a would-be new science. The first fact which these pathologists have lost sight of is, that there is really no such science as practical pathology.* A pathological anatomy, a pathological physiology there may be in a sense, but there are no pathological facts which are not anatomical or physiological; and it is little short of an absurdity to speak of a pathological chemistry. This not being recognised, the pathological direction given to modern medicine has led, as might be expected, to theoretical quagmires which promise anything but a firm footing, and where, it is to be feared, many a poor enthusiast in the healing art has been lost. Sydenham, who has been justly styled the father of modern medicine, and who certainly was one of the wisest and most liberal minded of English physicians, as if he had foreseen the advent of that pathological phase through which the medicine of the schools is still passing, entered his protest against the assumed value of practical pathology, or the practice of opening the bodies of those who die of this or that disease with the hope of throwing light on the *essence* of diseased states, and supplying a key to their treatment. To Dr. Bailie was reserved the glory, such as it is, of inaugurating that rage for *post mortem* examinations, which is only now beginning to abate a little; and it doubtless was the publication of his work on morbid anatomy, as *he* called it, which (with the new aids offered by chemical analysis and the microscope) founded the practical pathological school. Admitting to the full the assistance the test-tube and the microscope sometimes afford in the analysis of those products of the living body *which have ceased to be vital at the time of the examination—e.g.*, the urine and the blood; and secondly, in estimating the sequence in the change of structure which diseased tissues or organs have undergone; little remains to be expected, by reflective minds at least, from a method of observation which essentially concerns itself with dead animal matter, and the *effects* of disease, *as recognisable in such dead animal matter.* Such a method is directly retrograde in itself, and full of anything but promise to the progress of medicine towards, on the one hand, such a science as it is perhaps capable of becoming; or viewed, on the other hand, merely as a healing art. The practical pathologists represent in fact the alchemists of modern medicine. Like their chemical prototypes, they are beginning at the wrong end—like them, they may fancy themselves analytic men of science; unlike them, however, they have no philosophy, false or true, to cast a gleam of borrowed refulgence on their repulsive toil. The ancient alchemist, brooding over his unwieldy crucible and burning his coarse midnight oil, believed in something and searched for something which was not altogether material—he was all the while in the pursuit of a great secret, the philosophy of which was his Will-o'-the-wisp, luring him still on and on through long nights and days of unbroken study. But your practical pathologist, your modern alchemist, is essentially a materialist, and a very gross one too. He may deny such a charge, and even affect to be amazed at it, but wherein does he, as a physiologist, differ from the general or individual materialist? The latter asserts that "matter must be organised in the form of a brain before it can think or will;" but your pathological physiologist goes a step beyond this, and transcends ordinary materialism; for he says, virtually, that dead animal matter can explain itself and lecture instructively on the mysteries of life and organisation; that dry bones can live, speak, and suggest reasons out of their soulless marrow to him! If not expressly taught in so many words in our medical schools, the idea is sanctioned and widely understood, that the observation of the *effects* of disease, as laid bare by the scalpel *after death,* is the scientific method for arriving at the causes and essence of disease in the living. This is not only in itself delusive to the last degree, but tends to the perpetration of an old allied error which seeks obstinately to classify and arrange, under nice sub-divisions, and under so many heads and names, all diseased states whatever; such heads and names being the direct guide to the minute diagnosis—such minute diagnosis the guide to the treatment; and the *post mortem* examination again, in its turn, being the test of all. Such is the so-called practical pathological method, the boast and bantling of our modern schools of medicine. Of it we may safely say, that it is as nearly as possible the reverse of the only hopeful method for practical medicine—that the pursuit of it is the pursuit of a shadow, and further advantage to suffering humanity that way simply impossible. Yet what peans do we hear sung over the glorious revolutions in medicine which are to be anticipated, or have already begun, *via* a theoretical pathology, which is to elevate physiology and anatomy, forsooth, doctrinally or otherwise, and convert medicine some day into an exact science.

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* We do not, of course, mean to deny that a doctrinal pathology has value, and deserves study and elucidation as a collateral branch of medicine.

In the first place, this old man of the sea that has got on the back of physiology must be thrown over. The study and examination of the diseased *dead* must be comparatively abandoned for the study of the diseased *living;* a study which—mere physical diagnosis, its least important part, excepted—it has been the fashion to neglect, which has been laid out for burial by "the orthodox," but which, fortunately, homœopathy has resuscitated.

This pathological phase of circular progress through which medicine is now passing, is in itself a proof that the correlations of the sciences are not properly recognised in the schools, where the student is encouraged, or rather compelled, to waste his time and dissipate his energies on the study of disjointed specialities,* and to view every side of the profession through those narrow analytic bye-ways which, he is taught to believe, are the only approaches to scientific perfectibility. From the foregoing expository glance at the correlations of the sciences and of science and philosophy, it will be seen, however, we believe, that it is not by the continued use *ad infinitum* of induction and analysis, but rather by the collateral aids of deduction and synthesis, that the physical sciences, as they are called, are now destined to rise, and, what is most important, in rising to *elevate each other*. Integral methods of observation and sources of information, thus seen to be fruitful in positive science, promise also to do much for Philosophy, in its relations to the sciences generally, by correcting its over-weening metaphysical pretensions—which as they are ever towards *abstractions* would, if left with none other than their present navigation, go on to all eternity drifting on a sea of speculation—and converting it into a homogeneous science which shall correspond to a science spiritually or socially the counterpart of the mundane or physical sciences.

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* And bitter cause has he sometimes to regret this afterwards! Contrast, for example, the student leaving the Medical Schools, full of theoretical confidence in himself and his teachers, with the same being reduced to depend on his practical wits in the treatment of the diseased living. He has dissected, catalogued, crammed, theorised, percussed, auscultated, and cultivated his five senses till, possibly, like those of certain of his teachers, they have become too quick and acute for their possessor; and off he goes with his big school-bag quite full—so full he can hardly shoulder it—of something more than wind, as he believes. Take a peep at the contents: here is a bone; there

This—as Fourier and Comte have systematically foreshadowed—this is the great destiny of Philosophy; a destiny never to be fulfilled by any exclusive philosophical scholastic method, as the metaphysical, the psychological, &c., but which is to be brought about, as in time it inevitably will, in conjunction with, in correlation with, the deductive elevation of the entire group of the sciences. This great truth (as yet indeed prophetic), once recognised, it will become evident why and how it is that the elaborate Philosophy of the Schools, like the Medicines of the Schools, (to compare small things with great), has proved wanting, has exhibited from first to last not direct but merely circular progress; and has by some of its once most ardent living disciples been pronounced "impossible." The metaphysicians

a nerve, a muscle, and a little brain; below that a stethoscope, a microscope, a test-tube, and a pathological specimen, dry and hard; then some colocynth and henbane pills, and a bottle of electricity; a calomel powder, a cough mixture, and a lancet-case; and last, not least, tied up very ingeniously in a separate parcel, a beautiful assortment of kaleidoscopic theories! Such, and such like, is the stock in trade with which your model orthodox son of Æsculapius begins business. Alas! his enthusiasm soon cools down, his windbags soon collapse, and he wishes himself anything but a *doctor*.

and psychologists have in fact proved to Philosophy, what the theorists and the pathologists have been to Medicine. When both have had their say and their day; when men have ceased to be amused or to feel perplexed by their ingenious babblements; a new race of philosophers will arise, and a new race of men of science. But the philosophers will not be mere metaphysicians, or psychologists, or logicians, or theologians; nor will the men of new and true science rejoice in their present exclusive names, or glory in the *contradiction* which is the main characteristic, perhaps, of their present analytic teachings.

To this mere sketch of the correlations of Science, Philosophy, and Medicine—incomplete and open as it is to some special objections which we have not stayed to anticipate—a consideration of what may be termed *the Analogical point of view in Science and Medicine* would form a fitting appendix. Because analogy and deduction are of kindred spirit. It is true, they do not stand to each other in any absolute relation of cause and effect, nor are they absolutely essential the one to the other; yet there undoubtedly subsists between them at least a casual relation of the kind subtending cause and effect, of no little interest and significance. It can be shown, we believe, that most of the great achievements in science and medicine have been discerned first analogically—sometimes long before they attained to acceptance or demonstration. True analogies are indeed, in a sense, *direct* deductions. Hence the importance of the analogical method of observation must be great—great in itself, as well as relatively great—at once correlative with, and illustrative of the deductive. To which it must be added, that this importance has not received a just recognition from the Medico-scientific teachers of the age.

In some future paper we may perhaps revert to the subject.

OBSTACLES TO THE GENERAL ADOPTION OF HOMŒOPATHY.

By Mr. D. MACRAE, Glasgow.*

THE wide empire which homœopathy claims, and the limited and precarious position which it actually holds, present a curious contrast. Its opponents account for this in a very simple way;—they say that its claims are disregarded because they are unwarranted. But to those who know what blessings the adoption of homœopathy would confer upon humanity, both by mitigating its natural sufferings and relieving it of such as have been imposed upon it by a false and cruel system, it must be interesting to enquire why it encounters so much and so violent opposition; while to its advocates it is of consequence to learn precisely what the obstructing causes are, that they may, if possible, remove them.

The following paper makes no pretensions to a complete enumeration of these. On the contrary, it altogether omits (or only incidentally refers to) those obstacles which are patent to all; partly because such an enumeration would be superfluous, and partly to allow more time for the disclosure of one or two obstacles, less patent, but not less formidable, and to correct what seems to us an erroneous idea as to the locality of one obstruction.

Much has been written to prove that the allopath has no principle to regulate his practice, and that, if he has, the principle is wrong. Much has also been written to prove that the homœopathic canon (*similia similibus curantur*) is the true medicinal law. It has even been attempted to establish this canon *a priori*. This is all very well, serves a good purpose, is, in some degree, even necessary; but it does not seem to us that the proof of this canon, either *a priori*, or *a posteriori*, or both ways, has, or ever will have, much influence in the spread of homœopathy: in other words, it does not seem to us that distrust of this canon constitutes any serious obstacle to its general adoption. This logic acts internally; it confirms, but does not originate faith—it is a principle of consolidation rather than of extension.

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* The author of this paper is not a medical man, and we think that some of the subjects of which it treats can best be handled by an intelligent person unconnected with the profession. [EDS.]

Few men regulate their conduct by first principles, or derive their confidence from a knowledge of first principles. The farmer varies his crops according to custom, even though he be ignorant of the principle in nature which demands this variation; and the pilot steers confidently by the compass, not from any acquaintance with the magnetic principle, but because he has been taught to do so, and has found it safe to do so. If the rule be sufficiently clear, few men trouble themselves about the reason. Rules of conduct are sometimes derived from custom, sometimes from experience,—generally from custom justified by experience. It is natural for men to conform to custom till they see some sufficient reason for diverging from it. It is therefore natural for men, when seized with illness, to adhere to the custom of calling in an allopathic physician and using allopathic medicines until they see some sufficient reason for ceasing to do so. But how shall this reason be shown them? It serves no purpose to prove that *contraria contrariis curantur* is no law of nature, because nine hundred and ninety-nine in every thousand are not aware that anybody thought it was. They know that doctors, in cases of illness, prescribe certain medicines; they know that the taking of some of these has been followed by restoration to health; but why the doctor prescribes these and not other medicines, and what relation subsists between the drug and the disease, in virtue of which the one cures the other, they have never taken the trouble to enquire. They have the rule, they do not seek the reason. Since, then, men do not regulate their conduct by any therapeutic principle, reasoning about the principle fails to affect their conduct; and you may demonstrate the futility of the allopathic principle and the truth of its opposite, without effecting a single conversion. Not one man in a thousand will be induced by abstract reasoning to forsake the resource in illness on which he has been trained to believe that his recovery depends. Men are sceptical of abstract reasoning. They are constituted so that one fact (or one thing believed to be a fact) will outweigh a whole volume of reasoning. Edwards seems to have demonstrated the doctrine of necessity, and yet no man believes the less firmly that when he wound his watch he might, by a mere act of self-determination, have refrained from winding it. I may see no way of escape from Fichte's conclusion that this paper is part of my own mind, and yet I believe none the less firmly that it is something different. Zeno demonstrated the impossibility of motion: Demosthenes triumphantly replied by moving. What a man has, or thinks he has, by experience, no abstract reasoning will induce him to relinquish; and if he believes that he has been cured by allopathic medicines, you will attempt in vain to shake his belief by demonstrating *a priori* the futility of the allopathic law of cure.

If, on the contrary, you proceed to establish the homœopathic law by *a posteriori* reasoning, your facts convert him before you get the length of the law. Here is a man who suffered long from bilious complaint; his recovery cannot be attributed to allopathic treatment, because, though frequently tried, it gave no relief; it cannot be attributed to unassisted nature, because, when left alone, his sufferings continued: whereas, on being brought under homœopathic treatment, he speedily recovered, and now enjoys, as you see, perfect health. Adduce such cases as these, and, if your auditor believes them, he is already converted. He is satisfied that the treatment you recommend is the most efficacious, and, therefore, is willing to submit to it. Now, if you choose, advance your principle. He will probably be glad to learn *why* your medicines cure, now that he is satisfied that they *do* cure. Hence (as we said before) reasoning as to the homœopathic principle confirms, but does not originate faith; it consolidates but does not extend. *A priori* proof, however cogent, will fail to convert; while the data of your *a posteriori* proof, if accepted, will convert without any induction as to the law which they exemplify.

If, then, mere facts are sufficient to effect conversion, and facts are so abundant, why are conversions so rare? For two simple reasons: few people acquaint themselves with our facts, and fewer still believe them. In health a man rarely thinks of sitting down to study medicine; when taken ill he sends for his usual doctor, and, if he recovers, he returns to his old pursuits. Such is "the story of his life from year to year." If illness among his friends or relatives leads him to take an interest in medical treatment, it is still a matter of great difficulty to persuade him to adopt a new system—especially a system which his allopathic physician has taught him to ridicule and despise. Then he is prejudiced in favour of the old system: he has been taught to believe in it, to submit to it implicitly, and with no manner of doubt: he has been taught to attribute recovery to its medicines, but aggravated symptoms to the resistless progress of the disease, and death to its inevitable issue. The old system has thus the best of advocates—unquestioning faith. If, as will happen, the severe treatment to which a patient has been subjected has obviously hastened, or absolutely caused death, the system still escapes, and the poor practitioner comes in for all the blame. Truly it is a potent thing, this faith: it says to this mountain—"be thou removed and cast into the sea; and it is so." Here we have the chief external obstruction to the spread of the new system—childlike faith in the old. People have been brought up in this faith, and from their very childhood the doctor, who looks so profoundly at their tongues, and writes cabalistic prescriptions which no one can make out but the druggist, and goes about with a case of horrid instruments in his coat pocket, is always an object of mysterious awe; his thoughts and doings are a mystery; his verdicts are to be listened to with reverence, and followed with unquestioning obedience. People in general are satisfied with the old system, because in its mystery is concealed all the mischief it does. Before homœopathy can expect to prevail, it must shame this misplaced faith: distrust of the old system would breed curiosity about the new, without which people would give no heed: our facts and reasonings "pass by them as the idle wind which they respect not."

But suppose you get a man to acquaint himself with your facts, another obstacle presents itself,—he discredits them. The system of advertising which, in our day, has been carried to such excess, has bred much scepticism of anything new that promises to achieve great good. People understand that Mr. Webster's shirts, though advertised as the basis of social comfort, and warranted to fit with exquisite neatness, do not differ materially from other shirts; that most of the "genuine Eau de Cologne" is manufactured in Hull; and that Holloway's pills, though guaranteed to be an infallible remedy for all the ills that flesh is heir to, are not particularly distinguished from other pills except in the wrappages. They are further aware that facts may be misinterpreted—that recovery may be attributed to homœopathic medicines which have been effected by other agencies; and finally, that a skilful advocate can make a very strong case out of meagre and ambiguous facts. Can we wonder, then, that people read with incredulity evidence that is really conclusive; and that of the few who are induced to look into our claims, so small a proportion is converted. Facts of experience attested to in person are open to the same objection, but carry infinitely greater weight; in fact, this personal testimony is the thin part of the wedge, and opens a way for written testimony and arguments for the truth of the homœopathic canon. The writer's faith in homœopathy (which has been confirmed by experience) was originally produced by the testimony of a fellow-student. His faith (also remarkably confirmed by experience) was originally produced by the complete restoration of his mother under homœopathic treatment, after being virtually given up by her allopathic doctors. She, also, had been persuaded to try it by a friend who had experienced and often witnessed its singular efficacy. In fact, all believers in homœopathy with whom he is acquainted owe the first germs of their faith to the testimony of personal friends, or the observation of its effects upon them; he is not acquainted with a single person who has been induced to give homœopathy a trial by published facts, far less by abstract reasoning. Statistics on this point would be of value. If our medical friends, especially, each among his own patients, were inquiring into the origin of their faith—learning how many were led to give it a fair trial through the influence of friends, how many by the perusal of recorded facts, how many by *a priori* arguments for the truth of the homœopathic canon, it would let its advocates see in what direction they might exert themselves with most success. Our own impression is, that it is principally by vigorous personal advocacy that the knowledge and adoption of homœopathy will be extended. Those who smile at advertisements, recorded cures and *a priori* arguments, will listen with respect to a friend, especially if they can readily test the accuracy of his statements. The cases I have found most convincing are those which bring homœopathic into contrast with allopathic treatment—cases of the same disease more speedily and effectually cured, allopathic treatment signally failing, homœopathic, nevertheless, succeeding. When there is the opportunity of showing to a sceptic the progress of a case under homœopathic treatment, it should never be lost; its efficacy becomes then more a matter of experience than of testimony, and influences him accordingly.

Those who have had some cases of this kind brought under their notice, and begin, in consequence, to think that, after all, there must be some truth in homœopathy, are frequently thrown back into more confirmed disbelief than ever by a practice which would really be ludicrous did it not lead to such an unfortunate result. This is the practice of submitting the question to their allopathic doctor. Till cases of this sort had come under our own observation, we were really not aware that persons, sagacious enough in other matters, could betray such ludicrous simplicity in this. A man's child is ill, and he hears, from a neighbour, of several similar cases treated with remarkable success by a homœopathic doctor; so, when his own doctor calls again, the old gentleman innocently asks, "What do you think, doctor, of this homœopathy that I hear so much about?" The doctor shakes his head, and proceeds, with terrible emphasis, to denounce it as a hoax and a humbug, and its practitioners as a set of low quacks. Perhaps he enumerates, with holy indignation, cases of persons who have actually died under homœopathic treatment—poor dupes who have been imposed upon and regularly murdered; and he gives the old gentleman to understand that if his word were law, he would feel it his duty as a man to have these homœopathic scoundrels transported, as there is every reason to believe he would. Or, perhaps, the doctor laughs—this is sometimes the best way of diverting a man from a serious question—he laughs, and calls homœopathy a good joke, and makes a number of facetious remarks about the infinitesimal doses, with original comments on the law of like cures like,—as, that the way to cure a burnt finger is to put it in the fire, and if you hurt yourself with too heavy a dinner, you have nothing to do but take another, and you will be all right. And so the old gentleman laughs too, and wonders that he did not see the fun of it before. Had such cases not come under our own observation, we could scarcely have credited their frequency. It is like a Roman catholic asking his priest what he thinks of protestantism, or asking a spirit dealer his opinion of total abstinence; or putting it to your tailor whether he does not think that such another tailor makes a much neater suit! What unbiassed judgments will be brought to bear upon all these questions! This simplicity, along with the obstructing ignorance and disbelief to which we have already adverted, spring from habitual but misplaced reliance in the old system and its advocates.

Another obstruction, and one of the most formidable, to the spread of homœopathy, is presented by that most minute of objects—the homœopathic dose.

"Eheu! quam brevibus pereunt ingentia causis!"

The prejudice which blinds men to the efficacy of minute doses may be traced to the same source as those already considered. One obvious relation which the old practice has succeeded in establishing between the drug and the disease is a relation not in kind but in degree. It has succeeded in creating a belief that violent diseases demand violent remedies. To go to a man writhing in the agonies of inflammation of the bowels and administer a globule nearly as minute as a grain of sand, seems like sending the shepherd boy of Bethlehem to fight the giant; or trying to stem a torrent with a straw; whereas, to take a lancet and bring the blood gushing from a man's veins—to apply leeches or blisters,—to pour down his throat mixtures loathsome even to look at, and abominable to smell—this seems like putting giant against giant. To be sure the impression is false. To exhaust a man with drugs, when already exhausted by disease, is making bad worse—relieving a man from one enemy in front by sending another to attack him in the rear. The impression is false, but the impression is there; and people are led, in consequence, to regard our doses as ludicrously disproportioned to their end. It is a vulgar confusion of magnitude with curative power—of general with specific action. A bodkin through the heart kills a man as effectually as a thousand pieces of artillery. It is small, it makes no noise; but it goes direct to the seat of life, and takes it. But men have been accustomed to see large doses of powerful drugs employed to check virulent diseases, the doses made larger or smaller as more or less potency is required; and thus quantity (on the allopathic scale) becomes synonymous with curative power. Hence it is concluded that doses so insignificant in size as ours must be proportionately insignificant in power. Comparatively few are aware of the antagonism of the principles by which the kind of medicine is determined: the common idea is that the difference lies in the quantity. If, then, large doses fail to cure, what can be expected of small ones? Like the simpleton to whom, on applying for admission to the church, the clergyman asked "How many commandments are there?" After considering for a little, he hazarded the reply "Twenty." "Go away," said the clergyman, "and do not return till you are better informed." Going out the simpleton accosted a friend, who had also come to apply for admission—"If the minister asks you how many commandments there are, how many will you say?" "Ten, of course." "Ten! why I tried him with twenty, and he wasn't satisfied."

Amateur homœopathists, in pressing their friends to try the system, are fond of assuring them that if the medicines do no good, they can, at least, do no harm. This is true enough, but while it may smooth the way for a trial, it almost invariably confirms their distrust. For this prejudice, also, we have to thank the allopaths. *Their* doses rarely failed to show that they were at work, whether for good or ill; and people have learned to expect from medicine a perceptible effect. They are told that homœopathic medicines can do no harm. They do not wonder at it. What harm could possibly be done by such insignificant doses. And if they are too weak to do any harm, depend upon it they are too weak to do any good. Here, too the reasoning is false. On the same principle people might argue that the bloodhound could have served no purpose because, searching for the fugitive, it attacked no other; and that the loadstone has no power because, if it does not approach steel, it attracts nothing else. But allopathy has taught people to associate general power with curative power, and curative power with large doses; hence the popular prejudice against homœopathy. Of course, the allopaths have done their best to foster this prejudice; and of their jokes about the small doses there is no end. I have met with well-read men, some of them distinguished students at the University, who had no conception of homœopathy beyond its small doses—did not know why they were made small, nor what the principle was which regulated their administration. The smallness of the dose is the most salient characteristic that catches the eye of a stranger, who turns away with the impression that this constitutes the essence of the system, whereas it is not so much as part of its essence—Hahnemann, as we know, administering large doses of homœopathic medicine till he found smaller doses more efficacious. Even the homœopathic principle, though as explicit as its brevity permits, is grossly misrepresented, generally from ignorance, too often from interest. All the witty things that have been said to bring ridicule upon it depend, for their point, on the confusion of similarity with identity, and *similia similibus curantur* (as any schoolboy could tell them) with *eadem iisdem curantur.*

For the prejudices arising from these mistakes homœopathy is not responsible. To be sure, the same minute quantities might have been mixed with such coloured substances as would not have neutralized their effect, while it gave a bulk that would have saved us from collision with a preconceived opinion and from exposure to misdirected ridicule. But if honesty is the best policy, the best policy has been adopted. If not, we must make a virtue of necessity, for the step has been taken.

There are other prejudices for which the advocates of homœopathy are more responsible. We cannot help thinking, *e.g.*, that the attitude of antagonism which they at first assumed towards every other mode of treatment, displayed a narrow-mindedness, and excited a bitterness of animosity which continue to retard the spread of their system, although the original cause be now to a great extent removed. But as that original error is now irremediable, we proceed to another that is less so —one that continues to be made under the impression that it brings to homœopathy popularity and strength, while, in reality, it is sapping the very foundations of it among its present adherents.

The cry of "Every man his own doctor" has been sanctioned to a most deplorable extent by the advocates of homœopathy—witness, their "Handbooks of Domestic Practice," "Domestic Physicians," "Family Medicine-Chests," and their recommendation of these in advocating the system among their friends. That every man should be his own doctor is not in the nature of things; never can be. If every man is to be his own doctor, every man must go through a course of study. He must study the structure and functions of the human organism in its normal state; he must study the forms and symptoms of disease; he must become an experimental toxicologist, and learn how each drug affects the healthy body, that he may know which to administer when the body becomes unhealthy. Even this, without extensive practice, will make a man but an indifferent doctor; and if every man is to be his own doctor extensive practice becomes impossible, because no one can practise beyond his own family. It is no more possible for every man to be his own doctor than it is possible for every man to be his own tradesman. If every tailor is to be his own upholsterer, his furniture will be mis-shapen and so will our clothes. If every minister is to be his own purveyor and cook, he will sit down to sorry dinners and we to sorrier sermons; and if every man is to be his own doctor, he will perform his proper work very indifferently, and doctor himself very indifferently at the same time. Some men, with good talents and plenty of time, have succeeded, by reading and experiment, in acquiring considerable medical skill; but this no more justifies the cry of "Every man his own doctor," than the fact that individuals, like Coleridge, and Douglas of Cavers, wrote lay sermons, would justify the cry of "Every man his own parson." For whatsoever requires laborious study or practice, the mass of mankind must trust and, if wise, will be content to trust those who have devoted their lives to this particular pursuit. If we want to have good houses we must get them planned by professional architects, and built by men who make building their trade. If we want good consistent theology, we must go to the professional minister; and if we want good medical treatment, we must go to the professional doctor.

It may be said that the motto, "Every man his own doctor,' must not be so rigorously interpreted; but if it means anything new, that is what it means. If it merely mean that every man may learn to treat some common forms of disease, it is no peculiar recommendation to homœopathy. Under the allopathic system, every man could learn, and most men did learn to treat common forms of disease much as a doctor would have done. Salts, senna, laudanum, camomile, Gregory's mixture, colocynth pills, leeches, and mustard plasters, were employed fifty times without professional advice for every once they were employed with it

If it mean that home-practice may become more extensive under homœopathy, I would question its truth. Under allopathy there were two or three common medicines used for an infinite number of disorders. In some families the medicine-chest contained but one, which was looked upon and dispensed as a panacea. If a boy came to his mother with a headache, he got a draught of infusion of senna, and was sent to bed; if he felt sick, it was senna and bed again; if pimples or boils broke out upon him, still senna and bed. Senna was the panacea, and every man with a few ounces of it in the house could be his own doctor. The impression seemed to be, that a pint or so of the infusion of senna rinsed out the whole inner man, and sent one forth again with a fresh lease of health. For a man to become to the same extent his own homœopathic doctor appears to me a much more difficult task. If homœopathic remedies are not specific, they are no remedies at all. If a man take any medicine but the one homœopathic to the disease, he feels no good effect, and what is all the better for himself, though tending to breed distrust in the ignorant, he feels no effect at all. There is no equivalent to senna in homœopathy. For headache there is no general medicine; there is a specific medicine for each form of it. If Pulsatilla be homœopathic to a nervous headache, and Aconite to one arising from congestion, it will not do to interchange the medicines, or use one of them for both these forms of disease. If there be a dozen forms of headache, each may demand a different treatment, and each treatment may demand variation, according to the varying symptoms of the disease. We cannot see, then, how skill in homœopathy is more easily acquired than skill in allopathy. I believe, on the contrary, that it is acquired with more difficulty. To learn to distinguish between bilious headaches, nervous headaches, headaches from constipation, headaches from congestion, and headaches from cold, and to remember the medicine homœopathic to each, is surely more difficult than to bear in mind the brief and simple rule—" For headache, infusion of senna." We cannot, therefore, advocate homœopathy on the ground that it is easier for any man to learn its application, and that every man may, in consequence, become his own doctor. We must advocate it on the higher and juster ground of its truth, on the ground that its medicines are curative, while allopathic medicines (excepting specifics) are not, and that these specifics are curative because they are homœopathic to the disease.

This spurious cry of " Every man his own doctor," retards the spread of homœopathy in many ways.

1. First of all, it prejudices against it those who have never given it a trial, or looked into its claims, or even taken the trouble to learn what it means. No intelligent man will believe that diseases so multiform, so frequently insidious, demanding treatment so various, and so constantly varying, can (as a general rule) be successfully treated by any but those who devote their lives to the study and practice of medicine. To be sure, he has seen advertised many a panacea, each one an antidote to every possible disorder, and therefore requiring no

study and no skill. Some man has compounded a new sort of pill, which he advertises up and down the country from Dan to Beersheba, prefixing some such philosophy as this: "Diseases are various in form, but all one in nature. They spring from one source—impurity in the blood. Therefore, to restore health it is only necessary to purify the blood, and to purify the blood it is only necessary to swallow a box of these new pills." But so many of these infallible cures are guaranteed, without any at all being effected, except in the newspaper "paragraph advertisements," that all but the most credulous have learned to treat them with contempt; and intelligent men argue, that the cry of "Every man his own doctor," so much sanctioned by the advocates of homœopathy, must either be the legitimate cry of *another* quack system or an illegitimate cry, and therefore reflecting little credit on the system which is supposed to sanction it.

2. But while the encouragement of the false impression that in homœopathy, home-practice may become all-sufficient, exerts so injurious an influence on those beyond its limits, it exerts an influence not less injurious to its progress on those who have embraced it. It is a pleasant idea that a man can go to the homœopathic chemist and get, for a few shillings, a box of homœopathic medicines and a handbook of domestic practice, and be his own doctor for all time to come. When he refers to the book he finds it easy enough to prescribe for some disorders, and the successful treatment of these gradually engenders self-confidence. The higher his confidence the greater is the danger of its overthrow. A diffident man would apply to a physician; the confident man applies only to his handbook. In some such manner as the following his scepticism begins:—His son cries out in the night with a pain in his belly; the father gets up and looks into the handbook; there is no disorder referred to there, under the title of "pain in the belly." What, then, shall he look for? Is it cramp in the stomach, or inflammation of the bowels, or flatulence, or colic? He reads what is said about them all; but one symptom is found under one head, another symptom under another, and no class of symptoms exactly corresponds. He sees that pressure

over the navel intensifies the pain in inflammation of the bowels, but soothes it in colic. This will throw some light on the subject; so paterfamilias goes and makes the experiment. His boy thinks that the pressure relieves him, if anything. It cannot be inflammation then; probably it is colic. But the remedies for colic depend upon its form; and the identification of form turns out to be quite as difficult as the identification of nature. "Nux vomica for hæmorrhoidal colic." What sort of colic is that? Paterfamilias doesn't remember hearing of the name before; but Nux vomica is also recommended for flatulence and for cramp in the stomach. The chances, therefore, are in favour of *nux*, and forthwith a pilule of Nux is given. An hour passes without relief, and a second pilule is administered without any better result. Paterfamilias overhauls the book once more, and finds Chamomilla recommended in almost as many cases as Nux. Chamomilla is tried; in half-an-hour the pain subsides, and the boy sinks into a tranquil sleep. Paterfamilias retires to bed, gratified at his success. He must remember this—Chamomilla is the specific for these violent pains in the belly. Next night his boy has another attack. Paterfamilias gets up and promptly administers a pilule of Chamomilla. No relief. Another pilule—still no relief; and again, referring to his handbook, he tries something else. After continuing for about the same time as on the previous night, the pain abates. Paterfamilias retires to bed, not without grave doubts. He suspects that nature on both occasions had just taken her own way. He had been attributing to Chamomilla a curative power which he now finds does not belong to it. But for this recurrence of the attack he would still have been under that false impression. What if his whole faith in this system be the result of similar mistakes? Repeated cases of the same kind re-suggest and confirm his doubts. He may continue to dispense medicines from his family-box; but in uncertainty as to whether he is dispensing the proper medicines, and whether any improvement is due to them or to unaided nature. Hence arises incredulity. The scepticism engendered by his own unskilful practice of homœopathy extends to homœopathy itself; and when any serious illness occurs in his family, he is likely to send for his old allopathic physician, and abandon a system which has proved, in his hands, so unsatisfatory. Henceforth, he turns a deaf ear to its claims; his allopathic physician circulates the story among his fellow-doctors and his patients; and homœopathy loses an adherent, while the ranks of its opponents are recruited and their opposition confirmed. Yet, all along homœopathy has never had a fair trial. What can be expected of the most carefully finished rifle in an unpractised hand, or the most exquisitely contrived machine in the hands of one who knows not how to work it; and what is to be expected of homœopathy in the hands of one who knows neither the properties of the drugs he is practising with, nor the condition of the bodies he is practising upon? But so long as the hope of substituting domestic for professional practice is fostered, so long will homœopathy have a suicidal principle at work within it.

3. But some home-practitioners are more sagacious than the supposititious paterfamilias; so much the worse, in one respect, for homœopathy. A plain man, with good powers of observation and induction, practising at home in something of a scientific spirit, naturally acquires considerable skill. His success among the members of his own family leads others to apply to him, and frequently his reputation spreads till the inducements to become a regular practitioner are greater than those presented by his original pursuit. Hence a large number, unfortunately, a large proportion of homœopathic practitioners in this country, are men who have received no college education; some of them are deficient in the branches of even an ordinary education. In addition to the incompetence which must attend such practice, the profession is degraded, and we are met by that deadliest of all opposition, contempt. If these obstacles to the spread of homœopathy are to be removed, that cry of "Every man his own doctor" (as false as it is impolitic) must be emphatically disowned.

NOTES ON THE CAUSES, ARTIFICIAL PRODUCTION, INJURIOUS MODE OF TREATMENT, AND PREVENTION OF SPINAL DEFORMITIES, ESPECIALLY OF LATERAL CURVATURE.

By Dr. Roth.

1. DEFINITION.

Any unnatural state, or irregularity of the shape or form is called deformity;—(the following remarks do not refer to such irregular forms as are produced by swelling, and diseases of glands and soft parts which may occur anywhere in the body)—the term *deformity* is here restricted to the abnormal forms of the joints in general;—deformities of the spine usually affect simultaneously several intervertebral joints, and thus one or more curves are produced; hence deformities of the spine are usually called spinal curvatures.

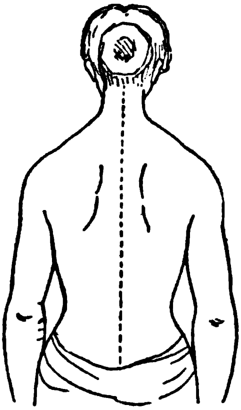
2. MODE OF DEVELOPMENT OF DEFORMITIES.

The process of the development of deformities of the limbs is analogous to that of the spine; without an actual disease a single joint changes its form, as the bones (which constitute the joint) approach each other on one side of the joint while a proportionate removal of these bones takes place on the opposite side; thus when two vertebræ forming a joint approach each other on one side, and if a similar process takes place in several contiguous joints of the spine, a curve is produced with the convexity on that side where the vertebræ are removed from each other, while the concavity of the curve is on the side where the vertebræ approach each other.

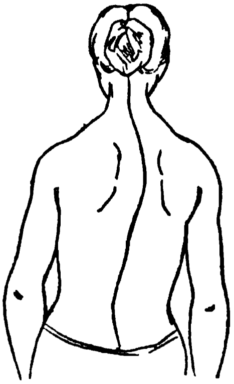
3. VARIETIES OF CURVATURES.

Lateral Curvature.

When we look at the back of a healthy person in an erect position the spine shows a straight line as in *fig.* 1; suppose that two or more dorsal vertebræ are permanently (not momentarily as in a physiological flexion of the spine) removed from each other on the right side, they must approach each other on the other side, and form a curve as seen in *fig.* 2,

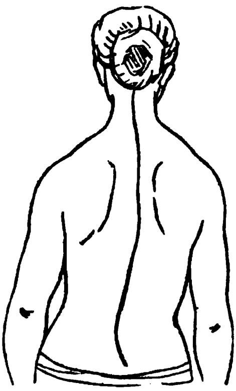


1. Healthy spine.



2. Right dorsal lateral curve.

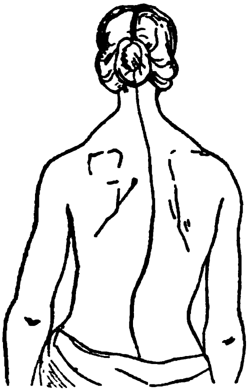
which represents a primary lateral curvature usually called right dorsal curvature; a similar curve in the lumbar vertebræ which are diverging from each other on the left side as seen in *fig.* 3, forms a primary *left* lumbar lateral curvature; the distinction of "right or left" applies to the convex side of the curve; both are *lateral,* because the deviation of the spine from the straight line is either to one or the other side, and the curves illustrated by *figs.* 2 and 3 are *primary* to distinguish them from the secondary or compensating curve, which takes place later and is then a necessary consequence to the first.



3. Left lumbar lateral curvature.

4. SECONDARY OR COMPENSATORY CURVATURE.

An upper or dorsal lateral curvature does not, and cannot, remain for a long time stationary without being compensated by

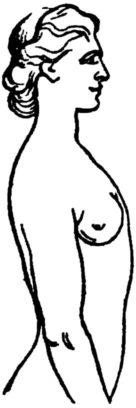


4. Secondary or compensatory curvature.

a second curve in the lumbar vertebræ; the convexity of the secondary curve is always on the side opposite to the convexity of the upper dorsal curve, in order to keep up the balance of the body, and hence the secondary curve is called compensatory or compensating curve; if the lumbar curve is the first (primary curve) the compensation takes place in the upper (dorsal) vertebræ. The compensating curve is usually co-existent with a twist of the spine, around one or more parts of its longitudinal axis. In *fig.* 4 a secondary dorsal curve is seen.

5. ANTERIOR AND POSTERIOR CURVATURE.

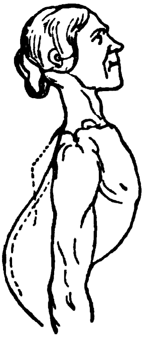
Fig. 5 represents the lateral view of the normal and erect spine; with the natural curve of the cervical vertebræ and the convexity forwards; the second (dorsal) curve forms with its convexity the outline of the back, the third (lumbar) curve with the convexity forwards form what is called the small of the back, and the lowest or fourth curve with the convexity backwards is in the lowest part of the spine, and extends over the chine bone (os sacrum).



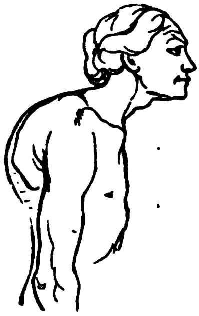
5. Lateral section of healthy spine.

If any of the four normal curves just named is increased or diminished in its natural extent, either an anterior or posterior curve is formed, and the vertebræ are removed from each other either forwards or backwards, when the convexity of any of the curves increases.

Fig. 6 and 7 show the prominent characters of an anterior



6. Anterior curvature.



7. Posterior curvature.

and posterior curvature; (sketches of skeletons corresponding to these figures are to be found in Prof. Alber's *Pathological Anatomy*).

6. COMPLICATED CURVATURES.

The three elementary forms of curvatures—the lateral (scoliosis), the anterior (lordosis), and the posterior (kyphosis), can be and are combined in numerous ways; while one form predominates, the two others can be present to a higher or smaller degree; not only one but several secondary curves can co-exist which are also named *tertiary;* they contribute to preserve the equilibrium of the body, and often enable the patient—although affected with the most complicated curvature—to walk about, if bad and injudicious treatment does not interfere with the process of forming secondary or tertiary curves, which is usually going on when nature is permitted to have its own course.

7. DEVELOPMENT OF MUSCULAR LATERAL CURVATURES.

The mode of development of the *muscular* lateral curvatures which form the great majority, (as they amount to 80-85 per cent.) of all lateral curvatures, is the following: The spine requires, in order to be kept erect, (as shown in *figs.* 1 and 5) the perfect antagonistic equilibrium of the surrounding muscles, otherwise (as it is very flexible, especially in its cervical and lumbar part), it cannot afford a firm basis to the head and the organs of the trunk which are attached to it, nor will it be able to serve as a point of support to the various movements of the trunk and limbs. All the influences which disturb the muscular equilibrium, necessarily change the regular form of the spine, which deviates always in the direction of those muscles which, by their prolonged or permanent contraction, cause the vertebræ to which they are attached to approach each other.

8. ABNORMAL STATE OF THE MUSCLES, IS THE CAUSE OF MANY LATERAL CURVATURES.

At present it is generally admitted that the principal and immediate cause of the majority of lateral curvatures is an abnormal state of the muscles attached to the spine; this state is proved either—I. By diminished, increased, or any other irregular nervous influence, the effect of which is either contraction, relaxation, or even paralysis of the muscles; or II. By an idiopathic affection of the muscles caused by all those complaints to which the cellular, muscular, tendinous and other tissues which enter into their composition are subject.

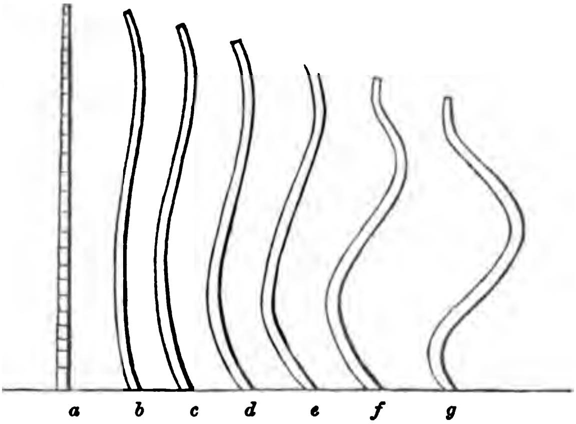
Drs. Neumann, Eulenburg, Schreber, and many other continental authors on this subject, having considerable experience in the treatment of deformities, assert that, whatever the primary cause may have been, the disturbed antagonistic function of the muscles produces first a temporary deviation, which in proportion to the time of its duration is soon or late changed into a permanent deformity, which, as long as the shortened muscles yield to external influences, can be still remedied; although the will of the patient is not sufficient for counteracting the effect of the muscles shortened, in consequence of the relaxation of their antagonists being also permanent.

9. CAUSES OF OTHER (NOT MUSCULAR) LATERAL CURVATURES.

Fifteen to 20 per cent. only of all lateral curvatures are not muscular; their causes are diseases of the vertebræ, cartilages, ligaments, synovial membranes, empyema, retarded development of a limb by paralysis, any complaint producing contraction of a lower extremity, (as for instance hip disease, rheumatic inflammation of the knee or hip joint), mechanical injuries, rickets, tuberculosis, scrofula, and other constitutional diseases.

10. DESCRIPTION OF THE MOST FREQUENT LATERAL CURVATURE KNOWN AS SCOLIOSIS HABITUALIS.

Either the primary dorsal or primary lumbar curvature, see *fig.* 2 and 3, forms the first stage of lateral curvature, and a secondary curve is also possible before the curvature has entered into its second stage. The lines in *fig.* 8 show the theoretical scheme of gradual transition of the lateral deviation from its beginning to the highest degree of deformity: *a* is the straight and normal line of the spine as seen in the dorsal aspect of the erect body (see *fig.* 1); *b* and *c* represent the very beginning and a more advanced right lateral curvature in its first stage; *d* and *e* are two outlines of scoliosis in the second stage, and *f* and *g* two forms in the third stage. When these six outlines are compared with each other we observe that the elongated (a segment of an ellipse) form of *b* and *c* is slightly changed in *d* and *e* into an intermediate to the more round one (segment of a circle) of *f* and *g*, which appear transversely somewhat compressed.



8. Scheme of gradual development of lateral curvature and diminution of the height of the spine.

The intermediate lines showing the transition from one stage to the other can be considerably increased, as many authors divide the development of scoliosis into five and even six stages;

I have limited the number of curves to two for each stage, as the division into three stages is merely a theoretical one, although useful for practical purposes, especially for the prognosis; the transition of the elongated into the rounded line may be considered as the end of the first and beginning of the second stage; it is not so easy to fix the limits between the end of the second and beginning of the third stage; these two stages rarely exist without being complicated with a slight anterior or posterior curve, and never without a twist which extends over one or more of the vertebræ.

11. FIRST STAGE OF MUSCULAR LATERAL CURVATURE.

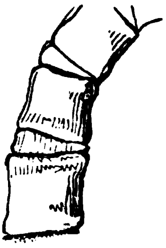
In the first stage of muscular scoliosis the muscles on the convex part of the curve are slightly relaxed, and consequently their antagonists on the concave side contracted in the same proportion; the patient makes less use of his relaxed muscles during his daily occupations, but is still able to place his spine for a short time in the natural position, if his will is more intensely directed to the retention of the erect position; as it is impossible to keep up for a long time the energetic influence of the will, necessary for the contraction of the relaxed parts, the patient soon falls back into the curved position; the intervertebral cartilages are more compressed on the concave side, the ligaments and muscles on this side begin to shorten; if the patient is constitutionally weak or attacked by another complaint, especially of an acute character, or his general health and strength fail, or he is obliged to remain in positions favouring the development of the curve, which is either a primary dorsal, or primary lumbar, the secondary and compensating curve must very soon be developed, otherwise the patient inclining very much to one side would lose his balance.

The formation of the secondary compensating curve being always combined with a twist of the spine round its vertical axis, the bodies of the vertebræ are turned in the opposite direction to their spinal processes, which during the examination form the visible and tangible outline of the curve; the head is slightly bent forwards, and also slightly turned to the side of the convexity of the upper curve.

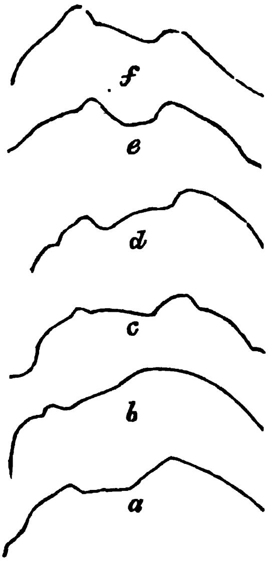
12. SECOND STAGE OF LATERAL CURVATURE.

In this stage the compression of the intervertebral cartilages on the concave side is still more marked, and they assume the form of a wedge. On the concave side the height of the bodies of the vertebræ participating in the curve is only diminished when the cartilage has been absorbed to such an extent that the bodies of the vertebræ touch each other

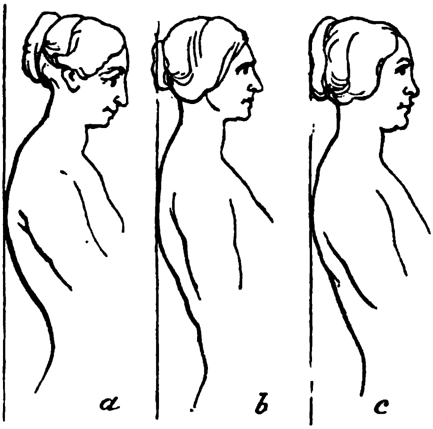
Fig. 9 represents a part of a curved spine in its anterior aspect; the cartilages have the wedge form, which is most distinctly seen at the deepest point of the concavity; the transversal processes and ribs on the convex side of the curve (in its second stage) are more distant from each other; the ribs change their natural form and protrude the shoulder on this side; such protrusion and unequal positions of the shoulders are seen in *fig.* 10, which represents transversal sections of the back across the shoulders, which I have carefully taken by applying a strap of lead on the surface of the body and cutting the form on paste-board—the artist (Mr. Böhm) has with great exactitude copied the lines from my paste-board forms; the tranversal sections are marked with letters corresponding to the longitudinal outlines of (*figs.* 11

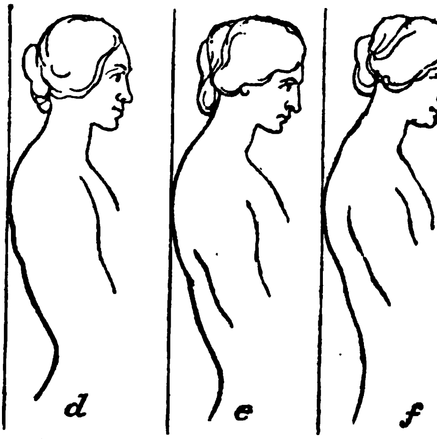


9. Wedge-shaped intervertebral cartilages.



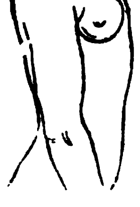
10. Transversal sections of six lateral curvitures.



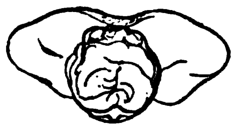


11 and 12. Longitudinal section of six lateral curvatures.

and 12) scoliotic persons under my treatment. As the eyes of some of my readers might not be sufficiently practised in observing the differences of the various lines, I have added the longitudinal and transversal outline, *fig.* 13 and 14, of the normal body, and a vertical line is traced behind each of the irregular forms; the position of the head, the distance of the cervical and lumbar curves from the perpendicular, the length of the dorsal curve must be compared with each other in the six irregular as well as in the normal form. Another mode of observing the differences is by throwing the lateral shadow of an upright person on the wall—to trace its outline, and afterwards to place the same person in positions which are similar in their outlines to those I have taken from patients.



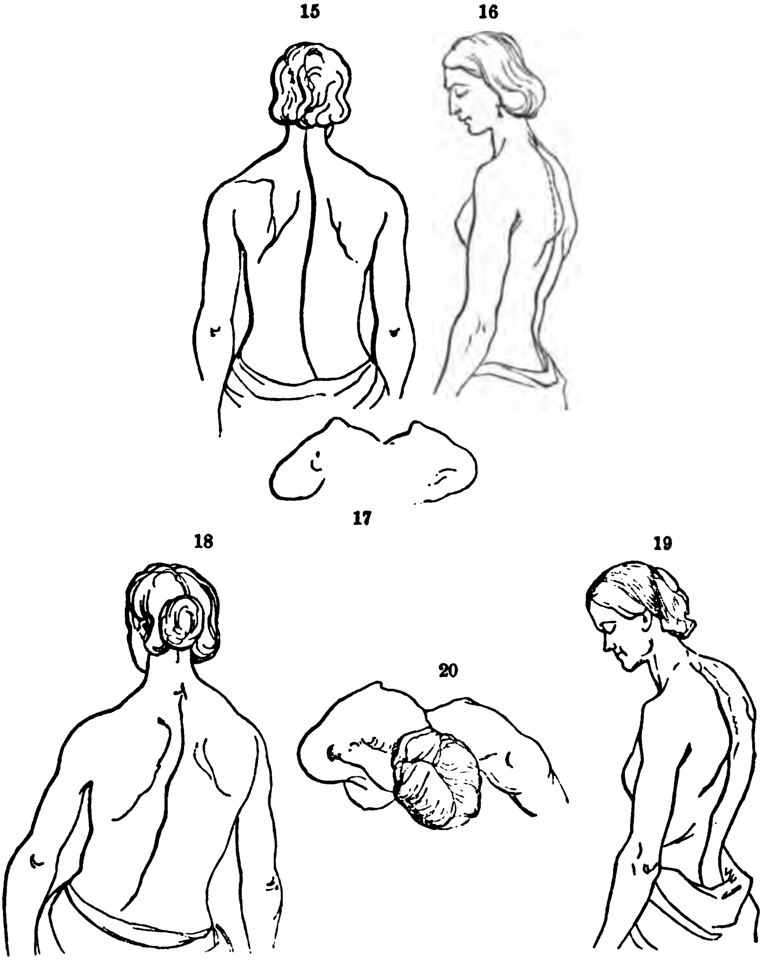
13. Longitudinal section of the normal spine.



14. Transversal section, or bird's-eye view of the normal body.

The will of the patient is not sufficient in the second stage to replace the spine in its perfect natural state; a passive elongation of the spine by external aid is possible in many cases; but not in those with prevalent rigidity of the ligaments and muscles when the joints of the curved part of the spine appear almost ankylosed. Deficient general health, great languor, and feeling of heaviness all over the body, neuralgic pains, impediments in the respiration, circulation, and digestion are more frequent in this stage.

The following figures represent various stages of lateral curvature, the transversal section of the projection of the shoulder blades, with lateral outlines of the corresponding curves.



15, 16, 17, 18, 19 and 20. Lateral curvatures in the beginning and end of second stage, with posterior aspect, lateral and bird's-eye view.

Figs. 15, 16, 17, is a girl of 15 years, fair, of nervous constitution; the curvature came on for several years without any known disease; a particular awkwardness only was observed while walking.

Figs. 18, 19, 20 is a girl of 18; strumous constitution; engaged for years as a needlewoman.—See the note on sewing.

13. THE THIRD STAGE OF LATERAL CURVATURE.

Here the deformity has attained a higher degree than in the second stage; there are anterior or posterior curves combined with the lateral curve, the compression of the intervertebral cartilages, the absorption of the vertebræ, the contraction of the muscles, and the rigidity of the ligaments on the concave side of the various curves are very much increased when compared with the second stage; the relaxed state of the emaciated muscles on the convex side is increased, and the muscles almost paralysed in consequence of the long inactivity, while the ligaments of the convex side are also elongated; the longitudinal and the oblique transversal diameters of the cavity of the chest are considerably diminished by the deformities of the ribs, and the shortening of the longitudinal axis of the spine; the functions of the respiratory organs are impeded, and feeling of oppression, asthmatic sensation, shortness of breath, palpitation of the heart, and even incapability of walking without the assistance of another person, in consequence of the entire loss of balance, are symptoms of the third stage, besides many other functional derangements and painful sensations in the head and other parts of the body.

14. CAUSES PREDISPOSING TO SPINAL DEFORMITIES.

Any cause which has a weakening influence on the constitution, predisposes to spinal curvatures. This is the reason why after any acute disease the body (especially during its growth) is liable to a deviation of the spine, which is only temporary if health and strength are soon recovered, but which remains permanent either when the convalescence is prolonged, or when the patient indulges in positions which increase one of the natural curves of the spine, or during which the spine is bent in a lateral direction.

In large cities spinal curvatures are more frequent than in the country, amongst the wealthy more than among the working classes, if these are not overworked, and provided with sufficient and good food; amongst civilised nations more frequent than among uncivilised tribes. Humboldt, when speaking of the Chaymas,* says, " I have never seen any individual with a natural deformity amongst the many thousands of Caraibs, Munysios, Indians, Mexicans and Peruvians whom we have observed during five years."

Lymphatic, strumous, rickety, scrophulous, chlorotic and anæmic individuals, are more liable to spinal curvatures than others.

15. OPINIONS OF MEDICAL AUTHORS ON THE PREDISPOSING CAUSES OF SPINAL DEFORMITIES.

Some authors, as Sabatier and Bouvier, assume that the normal position and the pulsations of the aorta, predispose to scoliosis habitualis,. This hypothesis has been ably refuted by Eulenburg. Others think that the spine in its normal state is slightly curved, and that a convexity to the right in the upper dorsal vertebræ is constant ; but exact measures of the healthy body at various stages have proved the fallacy of the assertion. Curvatures are considered by some writers as the necessary consequence of the natural tendency of using the right hand most frequently. Others believe that abnormal positions, which retain the spine for a long time in curved positions, are the principal predisposing cause of these deformities. Disease of the intervertebral cartilages (Delpech) ; a relaxed state of the ligaments, and changes of the structure of the vertebræ and intervertebral cartilages (Adams) ; a dyscrasia producing softening of the vertebræ (Lorinser) ; a paralytic affection, peculiar to the left musculus serratus anticus major (Stromayer) ; derangement of muscular equilibrium (Hard—Shaw—Lachaise) ; a peculiar affection of the nervous system (Blasius) ; disease of the left lung at an early age, and absorption of empyema (Riecke) ; affections of the heart and liver (Bühring); are named by Eulenburg as the most frequent predisposing causes of lateral curvature.

16. A WEAK CONSTITUTION IS THE PRINCIPAL PREDISPOSING CAUSE.

According to my experience during the last eleven years, when I began to pay particular attention to this class of discases, and having examined or treated more than six hundred cases of lateral curvature, the *predisposing cause* is in the majority of cases a *weak constitution*. This is either congenital as in children of old fathers, or of tuberculous, anæmic, and scrofulous mothers, (which is less frequent,) or produced by acute or chronic disease, by bad assimilation, by want of proper food or by overfeeding, by neglect of attention to the most simple hygienic influences, by anæmia or chlorosis, by bodily or mental overexertion during the period of growth, mechanical injuries, &c. I admit that many occasional causes, if acting for a long time on the healthy body, can also produce curvatures, but this effect will be always very slow, while the same injurious influence will soon produce its effect on a weak constitution.

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* *Voyages en Regions Equinoctiales.*

17. IDIOPATHIC CAUSES

Are all complaints of the component parts of the spine, of the spinal chord and its membranes. The vertebræ, the cartilages and intervertebral cartilages, ligaments and muscles, with the various synovial and other membranes, can be congested or inflamed either spontaneously or by mechanical injury. Some of the parts mentioned are sometimes diseased by gout, rheumatism, or other complaints.

18. EXTERNAL (OCCASIONAL) CAUSES.

Among the external causes which promote the development of spinal curvatures in weakly constituted persons, are bad positions while lying, standing, and sitting, and during various occupations, as sewing, writing, drawing, reading, playing the piano and harp, riding on horseback, and many trades, &c. Thus, occupations during which our shoulder blades and arms are raised will tend to develop the primary dorsal vertebræ; while standing on one leg, crossing the legs, sitting on one side of the seat, leaning on one hip, &c., will help the development of the primary lumbar curvature. To this class of causes belong also tight dresses, stays, corsets, and bodices with steel, whalebone, or wooden busks, injuries and diseases of the limbs, hip disease, and paralytic affections of the lower extremities, especially when accompanied with retarded growth of the limb.

19. SOME EXTERNAL CAUSES DURING INFANCY AND CHILDHOOD.

Want of exercise in the open air, restraint of the activity and vivacity of children, too much and uninterrupted sitting, especially on forms without backs, during the period of growth, tight dresses, low dresses fastened across and over the arms, tight lacing, neglect of the beginning of slight lateral inclination of the spine, muscular debility, bad positions; the carrying of infants always on one and the same arm; taking hold of infants and children always on the same arm; always advancing with the same leg while walking up stairs; the use of one arm only when little children play at ball, when they pull their little carts and toys, &c.;—are mentioned by Schreber and Ulrich as occasional causes of curvatures.

20. EXTERNAL CAUSES INJURING GIRLS BEYOND THE AGE OF CHILDHOOD.

a. Tight lacing.

As long as the notion prevails that a waist similar to that of a wasp or of an hour glass, is beautiful; so long as it is considered graceful to have a smaller circumference round the waist than round the head; so long as the phrase, "her waist is so small you might span her with your hands," is thought to be a praise when uttered by ignorant men; so long as mothers and governesses find fault with their daughters and pupils when they are plump and not tightly laced, or well compressed by a tight dress; and as long as medical men do not object to their wives and daughters crippling themselves by stays; we shall always find a predisposition to curvatures; because ignorant and vain women will undergo any amount of uneasiness for the sake of vanity and the opinion of others.

Although apparently incredible, I heard lately of a young lady going to bed tightly laced, in order to have a smaller waist than her sisters, who did not suspect and could not find out the cause of their sister's deformity, which was called beauty, until the painful symptoms following this injurious practice brought to light the cause of the small waist.

A very renowned teacher of singing has several times sent adult female pupils to me for examination, because notwithstanding an apparently nice figure, they could not breathe deep (inhale) freely. The lateral expansion of the chest during inspiration was entirely deficient, especially in the lower part of the chest. In several of these cases the cause was vertebral curvature with compression of the lower ribs and perfect relaxation of the muscles of the back, produced by tight lacing and leaning with the anterior part of the chest on the busk; the body was merely mechanically kept up by the stays.

b. Ignorance of Mothers and Governesses.

Want of elementary knowledge of the structure and functions of the respiratory organs on the part of mothers, governesses, and adult girls, is the most frequent cause of our girls being permitted artificially to deform themselves. Deformed young mothers propagate the seeds of an hereditary weakness to their children; such mothers must suffer during the periods of pregnancy and confinement more than others, and afterwards being unable to nurse their own babies, additional evils must frequently ensue. By the want of mother's milk and the infant's bad assimilation, scrofula, rickets, and other diseases are produced; or if a wet-nurse is engaged, she must give up the nursing of her own babe, which practice, as is proved in many cases, is followed by the death of her own infant.

c. Positions which are not Lady-like.

21. Many mothers and governesses do not permit the young ladies to lean while sitting, and make them sit only on the front part of the chair. The girls are soon tired, and notwithstanding their leaning forwards on the busk, they involuntarily sink either towards one or the other hip, which favors very much the development of lumbar curvatures. At other times young ladies are not permitted to stand with their feet a few inches apart, or to sit with their knees slightly (removed) from each other, because this is considered by the prude governess, or the lady-superintendent of the finishing educational institute, or by the mother, "*not lady-like,*" to which

expression every body must bow, and the consequence is that a habit of standing on one leg, generally the right one, is artificially provoked,—a position which predisposes to primary lumbar curvatures—or the knees or legs are constantly crossed while sitting, or the feet are twisted round the legs of the chair, or other unnatural positions are chosen.

Professor Richter mentions a case of lumbar curvature artificially produced, merely by long continued crossing of the legs during writing, which a strong and healthy girl did daily for several hours.

d. Mental Over-exertion.

22. As girls or young ladies must not look too robust, or have a rosy and healthy appearance, which do not give what people call a lady-like appearance, they are soon rendered pale, languid and thin by too much reading, and the want of proper exercise in the open air as well as at home. The governesses or the lady-superintendents of educational institutions are not alone to be blamed for injuring many of their pupils by working them so hard from the early morning to the late evening. The parents must also share the blame for insisting upon their daughters being constantly mentally engaged without any or scarcely any interruption; as the time for meals, and half an hour or an hour's daily obligatory lady-like walk (or what might be more appropriately called creeping along) in the open air in pairs, and once a week a lesson in dancing or deportment, can scarcely be called an interruption sufficient for counteracting the mental overstraining which exhausts all nervous powers.

e. Sad Effect of too much Brain-work and want of exercise.

23. I remember a case of a young lady who was sent to me by Dr. Madden for examination at a time when she was slightly curved, and when there was still reasonable hope for a cure. She was placed in an institution founded for the purpose of giving what is called a first rate education at a considerably reduced rate; the founder is a benevolent man, but probably entirely ignorant of the most elementary sanitary knowledge, as is proved by the following mode of education and management pursued in that institution, the rules of which prevented this young lady

from continuing the treatment which was begun during the holidays. This girl continued to remain a year longer in that institution, when she was again sent to me; but the mode of life in that establishment, and the constant mental labour which necessarily must undermine the health of many young girls, changed her to such an extent, that the previously plump girl was perfectly emaciated, her health and strength entirely lost, and the slight curve was changed into a complication of lateral, anterior and posterior curves, which had advanced to such a degree, that notwithstanding the care of kind friends, (with whom she lived after leaving the institution,) I could not hold out any hope for a cure, and all that could be expected under the most favourable circumstances, was only a slight improvement of the spinal deformity.

f. Forcing or Hot-house production of Diseases and Deformities during Education.

24. The following extract gives an idea of what I call "hot-house production" of spinal curvatures and other diseases which is going on during the education of our girls at home under the eye of their parents, as well as in many educational establishments. The paper was written in answer to my inquiries regarding the mode of life in that educational institution, in which the patient whose case I have named in the preceding paragraph was placed. By publishing this extract, I hope to induce my professional brethren not only to pay more attention to some of the most prolific causes of chronic ailments and deformities, but that they will also enlighten parents, governesses and tutors on the disastrous consequences of the very prevalent and injurious modes of education, where all pains and trouble are taken for the development of the mental faculties of the pupils, while a simultaneous crippling of the body is involuntarily but systematically pursued.

25. THE RULES AND REGULATIONS OF AN EDUCATIONAL INSTITUTION.

(Extracted from the Report of the Patient whose case is mentioned in Section 23.)

"There are study classes, each having its own governess, and also clothes classes, under the care of certain ladies. The French and German languages were the only foreign ones taught; the former was obliged to be learnt by *all* the pupils, the latter was considered as an extra part of the education. Music was learnt by nearly all the pupils, and drawing by about forty pupils. Those who were past fifteen, were, if they wished it, allowed to learn singing, which was taught by a lady, and practised between lessons with the governesses. Harmony lessons were given to a few pupils once or twice a week for two hours; one of which was given to each of the two divisions into which the pupils were divided. Those who did not learn dancing were obliged to have two hours drill in the week, which was with chest-expanders, and other exercises, without the fun or dancing part."

"In the summer, and generally in the winter also, we rose at six o'clock, when a bell rang which awoke all the house, and the governesses set over the different dormitories, went round them to see that all the sleepers were up. *Perfect silence,* however, was obliged to be kept by all. At five minutes to seven a bell was rung, at the sound of which all had to leave their rooms, and by seven o'clock all were obliged to be seated at their clothes' classes—still quite *silent*—when they were examined by their governesses to see if they were properly dressed.

"At a quarter past seven another bell gave notice that breakfast was ready; and directly it left off ringing, the classes were called out one after the other to go to the dining-room. *But not a word was allowed to be spoken all the time.* There were six long narrow tables which stretched from side to side of the room, and three governesses had their settled places at each. At the end of breakfast, books were sent up to the head governess from different teachers, containing all the breaches of rules committed by the pupils individually the previous day. This was the most disagreeable thing in the Institution—as all the governesses as well as the pupils were present. After all this business was over, we rose from table and went quite *silent* into the school-room, one by one, for prayers. As soon as all were seated a bell rang, and the governess who read the "reports" at breakfast came in to read prayers. There was a nice organ which was played, and we sang a hymn before reading. After prayers the classes were called separately to go to their proper places in the room for a half hour's Scripture class, when we repeated what we had learnt the day before, and, if there was time, read a chapter of some special book in the Bible, which was being studied by all the classes for the half year examination.

"At half-past eight we generally rose from the class and were allowed to do what we liked till ten minutes to nine. The first and second classes if they even had time to talk then, though lessons which we had not had time to finish had then to be hastily and therefore imperfectly done, were obliged to talk French or German, as English might only be spoken by them a few minutes after dinner.

"At ten minutes to nine another bell rang, at which *perfect silence* was resumed; the room was prepared by the monitresses (the girls in every class take turns by the week to keep the rooms in right order, and attend to the wants of the class), and at the sound of the nine o'clock bell all those who were not seated in their proper class places had their names put down, for "not in place in time;" for which, after the report was read next day, they lost a certain number of conduct marks. A bell was rung every half hour for the music pupils to know when to leave off practising or to go to it or music lessons, as some of them practise for an hour, and others for an half hour at a time. Every hour all the classes change lessons.

"Generally from 12 to 10 minutes to one they either go out, drill, go to dancing, knitting, or some other lesson, and as some teachers were kind enough to give their lessons half-price, there was no wonder our staying in to go to them. Besides we liked it, for if we did go out, we either taught each other some lesson, or else had to talk French. Our walks were sometimes on the downs, now and then on the beach in very hot weather. After August we bathed each about three times in a fortnight, if we liked it; and the rest of the year it was arranged that we should each have a tepid bath once a week, the first and second classes in the morning, getting and emptying the water ourselves, and the little ones had warm baths at night.

"At ten minutes to one the bell called for *silence* and a return to lessons, generally either preparation for the next day's lessons or to practice.

"At ten minutes to two, still quite *silent*, all went into dinner. The food was quite good, except sometimes little or no salt in the bread or sour bread; but 'accidents will occur in the best regulated families;'—well, after dinner all of us went to wash our hands, &c., during which time (about five or ten minutes), all the school, *if* they could spare the time, might talk English; at ten minutes to three the bell again sounded for us generally to go out from three o'clock to ten minutes to four; when again in perfect *silence*, we went to lessons till a six o'clock tea.

"This was just like breakfast, only without horrid reports After it, still *silent*, we all went again to another hour's lessons, generally preparation or practice, except the sixth or seventh classes, who had the first half hour for play if they had been good.

"At half-past seven a bell rang when all went to the dining-room, to talk freely their *own* tongue for about ten minutes, unless they had, as was often the case, a number of lessons for the next day not done, or perhaps they took that time to console or encourage each other.

"At the next bell *silence* again followed, and in five or less minutes, all were there or marked for not being so seated for Scripture preparation, which was only for a quarter of an hour; when another bell sounded, and all rose and stood till the superintendent lady came into prayers, which was singing, reading, and praying.

"Then all the girls went quite *silently* to bed, and were reported if not in bed by nine. Those who wished often learnt their Scripture then, for which a quarter of an hour had proved but a short time for the task. On Wednesday evenings those of us who learnt harmony, stayed up till nine to prepare it for the lesson. So ended the days.

"Now for some of the rules, for which reports were sent in if broken by the pupils.

"*Silence* when we rise till breakfast.

"*Silence* when in the passage.
„ at ten minutes to nine till dinner, except the hour on the Cliff.
„ at dinner.
„ from ten minutes to three till out of the house.
„ „ four till 6 o'clock.
„ at tea and after till half-past seven.
„ from the end of prayers to six next day.

"Rise directly the bell rings. Make our own beds—as soon as out of them—but leave the top clothes turned down so as to air the mattress, &c. Walk one by one in the passages. Never go up stairs in the day-time. Never drink water or anything in the day or night, except at meals. Never write to friends, only home, and that once a week. All letters to and from pupils read by the superintendent. Always to be in place in time. Keep lockers, drawers, and cupboards tidy. Every Saturday we heard our weekly marks for studies, music, and conduct, and received our weekly pocket-money; those whose parents wished them to have any sum. Keep the account of our own washing, and mend our clothes every Saturday. Brush our hair a quarter of an hour every night before we got into bed, and show it to our clothes governess twice a week. One of those times we called our Saturday's dessert, because it followed immediately after dinner, and that day we had no pudding. Never run in the passages. See friends, with *carte-blanche* of the founder of the Institution, once a month, for two hours. Go out with guardians and parents, if not too often, at any time. If too ill to study, go to the *sick-room.* Never ask for medicine without leave of the superintendent lady. On Sunday first and second class to church. Write the sermons from memory in an hour's time. At the end of every half year we had a fortnight's examination—generally two in a day. Only Scripture repetition, poetry, articles of religion, collects, and German poetry were verbal examinations. Everything else was done by writing. From two to four hours were given for the respective studies, during which time we had all to sit perfectly still, silent, and steady. If any of us had answered our questions before the time was over, we had to sit still, silent, and steady, just the same. We were all seated at fixed places, no two of any class being allowed to sit together. The examination time was the most exciting, partly from the fear of trying to get higher places, and also from its being so near the time for "Going *Home!*"

"Some of the rules I forgot to name were—'Never to leave the room we were in without permission. Always to shut the pianos after us, and never to go into the music rooms without leave. Always to bring pen wipers and aprons to writing class. When we came down in the morning to bring down all we required for the day. Never to lend books or any goods without leave. Never to help each other in any lessons or exercises.' Every month, when our weekly letters went home, monthly reports were sent to our parents or guardians, which told our place in the class, and what improvement we had made in our previous studies. This was really the only outward notice we had for getting on, as no prizes were given for anything. The studies named in the reports were as follows:—

"No. of Class, 1st.:—Place in Class, 4.
Health.—Good.
Conduct.—Satisfactory.
Scripture Studies.—
English Studies.—
French Studies.—
German.—Improved.
Writing.—Takes pains.
Deportment.—Attentive.
Harmony.—Satisfactory.
Music.—Satisfactory.
Singing.—Satisfactory.
Drawing.—Takes pains.

"This is, of course, a make up report—just as an example of one. Happy the girl who gets it.

"When new pupils came, if considered young, they were put under the care of some elder pupil, who had to teach them in the morning, make their beds, and mend their clothes for them. These girls were called *mothers*. As they had to be dressed quite as soon as we, they were allowed to rise before the bell rang, but nobody else was allowed to do so. But if the mothers attended properly to their children, they were given fifty marks more to their conduct at the end of the half year.

"The governesses had monthly half holidays—on Wednesdays —when they went where they liked, and did what they liked. Wednesdays were always called our half-holidays; but they consisted of one hour on the Cliff, one hour writing letters—when not a word might be spoken—one hour preparation for the next day's lessons; tea: during which we might talk English (but the noise was too much for the superintendent lady) who consequently had tea in her own room, and an hour afterwards, when those who had not to practise or study might do what they liked—*if* they had time to spare.

"Our holidays were from June 1st in summer to August 4th; and from December 22nd at Christmas for about three weeks. Then at Easter, we had Easter Sunday, Monday, and Tuesday; half holiday on the superintendent lady's birthday, and a whole holiday sometimes on Michaelmas day.

"The rules might only be broken with leave of the superintendent, for some *good* reason.

"Of course the number of pupils caused the rules to be much stricter, and they did not seem half so strict to keep as to read and talk of."

The Cramming System is very general.

26. I have given a long extract of the plan pursued in one educational Institution, but while inquiring into the causes of chronic diseases and spinal curvatures, I find that in many private Institutions—in so called finishing schools for young ladies—a similar cramming and training system is pursued, at the request of the parents, as the superintendents justly say; very little or no attention is paid to regular and obligatory exercise in the open air; no systematic physical training is carried on and no instruction given in the elementary knowledge of preserving health. The patient who at my request gave me the particulars of her case, had not the slightest idea that the mode of life carried on for one year in the educational Institution was the cause of her very complicated and almost incurable spinal curvature. Having

made an abstract of her report, I find that the daily ***mental,***

work, including music lasted	10 hours	
Time for meals	2 „	
Time for dressing, washing, and mending clothes	1 „	30 min.
Time for *speaking English*	0 „	50 „
	15 hours.	

I leave it to others to make remarks on the *silent system* which is considered a great punishment for criminals in our prisons, but is certainly not a very cheering influence for young girls whose brains have been overworked. Since this was written I have examined another girl placed in the same institution, whose spine is considerably curved; and as circumstances do not permit her being removed, there is not the slightest doubt that she will be very soon crippled, while mentally benefiting through the instrumentality of the philanthropic founder of the institution. Being an orphan her friends take care of her—they wish to train her for a governess—but how can she be able to fulfil conscientiously the heavy duties which will be imposed upon her if she is already crippled during her apprenticeship?

The Injuries, produced by Cramming the Girls, are not sufficiently known.

27. As long as parents and guardians are ignorant of the injurious and lasting effects of cramming their daughters and wards, whom they desire at the age of 16 or 18 to be possessed of all the accomplishments required by the present fashion, even those very few lady-superintendents of educational establishments and governesses who know the value of good health and a sound body, are obliged to give way to their ignorant employers, because the young lady is either placed in another institution or the governess is changed.

Mothers, Governesses, and Schoolmistresses should be taught how to preserve the health of those who are placed under their care.

28. Being convinced that the prevention of many chronic diseases and spinal deformities among the working and other classes does not depend upon medical men only, but especially

upon school-masters and school-mistresses; and as the ignorance of the latter regarding the elements of hygiene and physical training is very general, I formed last year with the aid of the Ladies' Sanitary Association, a class of school-mistresses and pupil-teachers, connected with several poor infant and children's schools. They were instructed in a popular way in all matters concerning their own health as well as the health of the children placed under their care. The notes on "pupil-teachers' work" were written, in answer to my enquiries, by one of the more intelligent of the class, and will easily explain why so many school-mistresses and teachers lose their health and suffer from spinal curvatures.

To show how deep rooted the desire of a small waist and the belief in its beauty is, I may mention that towards the end of the course one fourth of the girls were still tightly laced in stays with strong whalebone busks, after I had taken the trouble of repeatedly showing and explaining to them particularly on the skeleton, on one of Dr. Auseaux's anatomical figures of the human body, which can be taken to pieces, and by diagrams, how injurious the effects of the compression of the chest and diminution of its size, and of the constant involuntary leaning on the busk are on the functions of respiration and circulation, &c. One of my female assistants had also trained these girls for weeks in the educational and hygienic part of Ling's exercises. These girls were aware that they are prevented from moving freely their body and limbs while tightly laced, and they could not plead ignorance; they were told that they commit a great fault by voluntarily and artificially crippling themselves, and thus making themselves incapable of attending to the moral and physical well-being of those placed under their care, and all this was in vain. How can we then expect that other school-mistresses and pupil-teachers who have not any knowledge of physiology and rational physical training should attend to the health of their pupils, and to the prevention of many complaints, as far as this depends upon them.

29. PUPIL-TEACHER'S WORK.

(Extract from the report of a School-mistress.)

"Meet at 7 A.M.; listen to lesson given by the mistress, or reproduce those previously prepared till 8·45. Then arrange school-room; open school; recommence at 9; teach till 12; close; meet again at 1·30; teach till 4; close.

"Pupil-teachers' home work will require two hours study each evening. Lessons given to the children will require about four or five hours on Saturday. The rest of that day being often occupied in regaining the time lost through inability to study sufficiently during the week. On Sunday all attend the school, and take the children to church both morning and afternoon.

"It need scarcely be added, that from fifteen to twenty minutes must necessarily elapse between the dismissal of the children and that of the teachers.

"The subjects of instruction include—scripture, arithmetic, school management, grammar, domestic economy, geography, history, and a considerable amount of general information, to enable them to give lessons to the advanced classes.

"In winter the teachers meet at 8 A.M., and remain to 4 or 5 P.M.

"Age of pupil-teacher.—Thirteen years is the lowest age at which a pupil teacher can be apprenticed; sixteen the highest; the period of service is five years.

"No information on health, dress, food, air, exercise, and other matters concerning the preservation of health is given; a knowledge of the contents of a small book on Domestic Economy—almost silent on the means of preserving health—is deemed sufficient for this subject. I have attempted to impart such information as has been gained by contact with sickness, my own ill health, and by reading.

"No exercise is obligatory.

"The dress of pupil teachers is managed by their friends: three out of four wear stays. Nearly all wear high heels.

"Pupil-teachers sit very little while the children are in school; when they do, in nearly every instance on a seat *without a back*. Their work necessitates much bending forward, both of the body and head; there is also a great tendency to raise the shoulders.

"Pupil teachers' health in these schools very imperfect. Very rarely indeed all can work at once. Suffer from extreme weariness, an aching sensation in the chest, and continual headaches."

We find here also about ten hours' obligatory daily mental work, and the pupil-teachers who wish to get a good certificate add one or two hours more daily in crowded and badly ventilated school-rooms; they are easily predisposed to many complaints, amongs which spinal curvatures are not the least numerous.

30. OCCASIONAL CAUSES OF CURVATURES IN YOUNG MEN.

Young (especially military) men are sometimes foolish enough to make their appearance with a small waist; tight belts laced or buckled across the lower part of the chest and across the loins, substitutes for the stays of girls. As young men lead a more active life, and have open air exercise, this counteracts partly the bad effects of the belt on the strong, but does not prevent the weak from acquiring a predisposition to lumbar curves. Too much drilling, and carrying the rifle always on one side, has caused pain and increased a slight lumbar lateral curve in a young man over zealous in his exertions as a volunteer; the predisposition was due to a mechanical injury in boyhood. It happens often that carrying a burden for a long time and always on the same side increases lateral curves in the adult in the same manner as in weak nursery girls, who carry young children always on the left arm.* Reading in a stooping position for hours daily during the last few months before their examination, also considerably increases slight curvatures in young men.

31. THE PREDOMINANT USE OF THE RIGHT ARM ERRONEOUSLY CONSIDERED AS A CAUSE OF RIGHT LATERAL CURVATURE.

"The predominant use of the right arm is frequently accused of being the principal cause of the right (dorsal) lateral curvature, that is, where the convex side of the curve is on the right side of the dorsal vertebræ. Although this hypothesis is not entirely false, it has contributed to preserve one of the traditional errors which prevail regarding the explanation of the pathological progress of scoliosis; it is an error to believe that by using the right arm the muscles on the right side of the dorsal vertebræ are more prominently brought into action, and that the dorsal vertebræ are pulled from the mesial line to the right; it is an error to suppose that the strong (actively contracted) muscles are on the convex side, and the weak (relaxed) muscles on the concave side of the curve. This error is still more propagated by the false opinion that the prominence on the right convex side of the curve is thick and hypertrophied muscular substance.*

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* See note on nursing children, § 75, and on standing Fig. of volunteer, § 71.

"Although the predominant activity of the right arm may contribute to the greater frequency of right scoliosis, it is a fact that by carrying a weight with the right arm, or by using it in any other way, the spine is bent to the left to prevent the body from being pulled by the weight to the right; the flexion of the spine to the left is caused by the contraction of the muscles situated on the left side of the spine while their antagonists on the right are extended and almost inactive. Mechanical and physiological laws prove that the weak (relaxed) muscles must be on the right (convex) side of scoliosis habitualis recta, which fact is also confirmed by pathological anatomy, as the muscles on the convex side in post mortem examinations are found extended, pale, thin, and atrophic, while those on the concave side of the curvature are (corrugated) folded together, contracted, well coloured, and their nutrition normal.

"A similar pathological process also takes place in the primary (left) lumbar curvature." (Eulenberg.)

32. AGE AT WHICH CURVATURE OCCURS.

According to my observations, the majority of lateral curvatures begin between the seventh and sixteenth year. Although many of the patients come much later under treatment, the complaint can be traced to the age I have mentioned; under the age of seven, and even in the first year, kyphosis occurs as a symptom of rickets or of tubercular destruction of the vertebræ. The following table is copied from Eulenburg's statistics of 304 cases of scoliosis, classed according to age:

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* This error is the cause that even at present the routine practitioners treat the parts on the convex side of the curve with fatty inunctions, and the supposed weak parts on the concave side with aromatic spirits and energetic exercises of the left arm.

Age.	Cases.	Per Cent.
1 year.	2	0·66.
2 to 3	3	1.00.
3 „ 4	8	2·66.
4 „ 5	5	1·66.
5 „ 6	8	2·66.
6 „ 7	71	23·66.
7 „ 10	159	53·00.
10 „ 14	38	12·66.
14 „ 20	7	2·33.
20 „ 30	3	1·00.

33. NEGLECT OF TREATMENT AND INJURIOUS TREATMENT.

The belief that spinal curvatures in the first stage can improve without special attention and treatment is erroneous. I have but too frequently occasion to observe the bad and frequently irreparable consequences of such a mistake on the part of medical men, by which parents are encouraged to neglect the treatment of this complaint at a time when still perfectly curable. Not only general practitioners, but eminent surgeons and physicians considered to be at the head of the profession, believe it too insignificant to pay much attention to a slight degree of lateral curvature; they take scarcely the trouble of examining minutely these cases; and look at them only superficially while the patients are placed in a stooping position, and if the spinal processes do not much project in this position, a favourable opinion is given, and the patient advised either to do nothing, or, as a celebrated surgeon is in the habit of saying to the mothers of girls affected with an incipient lateral curve, "let your daughters hang on the door,"—which advice is accompanied either by a prescription of aperient pills, or of a mixture containing iron or bark, and not the slightest notice is taken of the patient's habits, mode of life, etc.

34. TREATMENT BY MECHANICAL SUPPORTS.

Some medical men are satisfied to mark with ink every spinal process, while the patient's spine is considerably bent forward, and to look at the direction of these black spots while the patient is erect; if the line is not very crooked, not much notice is taken of the curve, which is left to nature for improvement, although it gets generally worse, when another medical man, vulgarly called a spinal doctor, is consulted, whose invariable practice is to order for the patient a mechanical support, more or less expensive according to the circumstances of the patient; this support consists of a steel band fastened on the hips, which band serves as a point of support for two crutches placed under the arm pits, while moveable steel plates are fixed to the verticals of the crutch to press upon the projecting ribs or shoulder blades. If the crutches raise the shoulders they scarcely diminish the weight of the superincumbent spine upon the curve; if the steel plates press hard on the projecting ribs or shoulders (which projections are only the effects of the disease), these parts are partly absorbed, and the double object for which the support and pressure is prescribed is *not* obtained, but more injuries added to those already present. (See § 66.)

35. SAD EFFECTS OF THE TREATMENT BY VIOLENT PRESSURE.

Other spinal doctors condemn their patients to a *constant* horizontal position, with daily friction and *pressure* of the projecting part; this pressure is done very violently, and the following is an extract from the letter of a patient treated in this way, addressed to her friend, who gave me this letter: "My wretched bones were pressed on Tuesday for the first time, and though he only pressed with his hand for about three minutes, the effect no one would believe; all the strength I had has gone, almost; a general sensation of dislocation pervades the system, and exhaustion unto fainting if I remain on the couch. I feel now sure that I am not anything like strong enough to bear this. Say nothing about this, nor by letter, I implore you, as I feel I must give up. I feel as though I had been thrown off my horse on to a mass of flints backwards, when I am carried from the bed to the sofa. I say nought. Pray the Lord for me that I may be led to do, in submission to his own will, that which he alone approves. I cannot endure this, for the exhaustion is oppressive, that is evident."

This patient, although very soon removed to the seaside, wanted many months for the recovery of that amount of strength which she had before undergoing this, as it is called, mild treatment, because its advocates compare it with the following.

36. TREATMENT OF CURVATURES BY MECHANICALLY STRETCHING THE BODY IN ORTHOPÆDIC MACHINES.

The patient lies horizontally on an orthopædic bed, in order to be stretched for hours by the most ingeniously contrived machines, pulleys and screws, etc. In other cases, the stretching is performed with the help of machines while the patient is sitting or lying on an inclined board, or standing, or walking in a circle; in all these positions the patient's head is pulled with the help of a collar surrounding the neck and throat in the direction of the longitudinal axis of the body; sometimes an apparatus under one or both shoulders, to help the elongation of the spine, is combined with the collar. Those who wish to know more of this injurious mode of treatment, I must refer to the works of French and English orthopædic practitioners, and to those orthopædic institutions in which these means are used.

Other medical men, without any knowledge of the complaint, call a slight curve a trick, a bad habit, want of attention to a right position, laziness, etc., which confirms the parents in their opinion that there is nothing the matter with their daughters, and the aid of the drill-sergeant and the dancing mistress, etc., are again put in requisition, till another spinal doctor recommends the lying on the prone couch, and the patient is recommended to practise the most violent exercises with the arms. There are special private and public institutions devoted to the treatment of spinal deformities, upon the erroneous principle of violent pressure of projecting parts, and of violent extension of the spine, where medical men can convince themselves of the truth of my statement.

37. THE LECTURERS OF OUR MEDICAL SCHOOLS ARE RESPONSIBLE FOR THE IGNORANCE OF YOUNG PRACTITIONERS.

The professors and teachers in our medical schools are responsible for the ignorance of the majority of young medical men regarding the diagnosis and treatment of spinal curvature, a complaint which, although so frequent, is never admitted to the wards of a hospital; thus no opportunity is afforded for watching the slow but sure progress of these cases, and for studying their preventive and curative treatment. The few who pay some attention to these cases among the outpatients of orthopædic hospitals are taught to consider deformities and spinal curvatures merely as objects of mechanical treatment, but not as symptoms of many constitutional and other complaints. (See § 65.)

38. EXAMINATION OF THE CURVATURE.

Before proceeding to the inspection of the spine, it is desirable to ascertain whether there is any member of the family suffering from a spinal disease or curvature, or whether there is any constitutional taint in the family. All previous diseases must be ascertained, and the time at which the mother (who is generally the first), the patient, or anybody else have observed any alteration of form; any awkwardness of the gait or of other movements; any difference in the position during the usual occupation, as, for instance, an inclination of the head forward, or otherwise; a projection or higher position of the shoulder; a permanent inclination of the body in any direction, or constant standing upon one leg, or leaning with a hip towards a fixed object, placing one or both elbows on the hip, raising both shoulders while in the erect position, or any other abnormal actions or movements, which is frequently the necessary consequence of a weak spine. The dress betrays also the beginning of an abnormal position of the spine; low dresses fall down more on one shoulder than from the other; the skirt appears longer on one side; the bodice or body of the dress is in folds on one side of the back; the shoes are frequently torn on the inside, corresponding to the place of the projecting ankles; one projecting ankle is often found in lateral curvature.

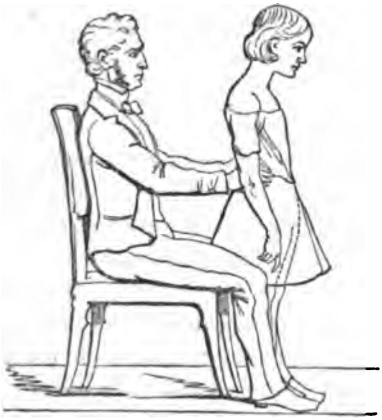
39. It is necessary to inquire whether any particular position or movement produces pain, whether a constant dull sensation of uneasiness and languor, sometimes amounting to pain, is present, and whether any mechanical injury, or an accident has not caused these sensations—rude romping amongst children; throwing stones on the spine; falling from a horse or down stairs; too great a strain while nursing sick people; too long protracted bodily labour; and shortsightedness in persons obliged during a long time to write, to engrave, or to do other work requiring close application of the eyes, and consequently, stooping position of the head, are a few of the numerous mechanical causes to which I have seen traced the origin of many curvatures.

40. This preliminary enquiry enables the medical man to direct more attention to some parts of the spine, to bring this part of the spine in different positions, and to watch the various movements in regard to their effect upon this part.

A minute and detailed examination into all circumstances preceding the complaint, into the mode of life, habits, &c., is, in spinal curvatures, as important as in any other complicated chronic disease, where the pre-disposition is to be brought in connection with the occasional or external causes, which enable us to trace the beginning and greatest development of the curve, which is in many cases but the symptom of another complaint.

41. INSPECTION OF THE SPINE.

Whenever practicable, the spine should be examined while the patient stands upright. The examiner sits behind the patient, whose feet and legs are placed close to and touching each other at their *internal* sides; the legs are well stretched and the knees straight; the patient is undressed to the height of the edge of the hip-bones (a shawl or cloak can be fastened round the neck and hangs loosely down the chest); the examiner places his feet along the external edge of the patient's feet, and fixes with his knees those of the patient, *fig.* 20*a*, or they are fixed by a second person kneeling before the patient, whose hips, which are often twisted, are placed in a straight line, and fixed therein; the object of this fixing is to give the patient a firm and straight basis, so that the slightest inclination, deviation, or twist of the spine can easily be observed; the patient leaves, at first, the upper part of the body (viz., that above the hips), in its usual position, without any effort to show his body more erect, or straight, than he is habitually; while thus placed, we must look whether the position of the head is normal, or whether it is bent or turned in any direction; the two outlines from the head along the lateral sides of the neck down to the passive and hanging arms, which are carefully compared with each other; the relative position of the shoulder-blades is to be watched with regard to their height, projection, and distance from the spine; the distance of the arms from the body on both sides, and the difference of the shape of the space between body and arms compared; the outlines of both sides of the thorax, of the posterior and lateral part of the ribs, and the transversal lines formed by the ribs, as well as the line of the spinal processes, and the muscles of the back must be inspected, not only while the patient remains passive, but also while he is doing various movements with the head, arms, and trunk, and still without special endeavour to stretch the spine.



20*a*. Inspection of spine.

Only when this part of the examination is finished the patient must be encouraged to stretch his body, and to elongate his spine when he goes again through the various simple movements.

The difference of the outlines on the two sides of the spine and body is very striking where only a slight deviation exists, and even the unpractised eye of an attentive observer will soon find it out.

42. SOME MOVEMENTS USEFUL FOR THE DIAGNOSIS OF CURVATURES.

The movements which are most useful for the examination are—I. A slow and alternate flexion of the head forwards and backwards, and from one side to the other; also a slow turning of the head to one side and then to the other, while the rest of the body remains immoveable.

II. Raising of the arms slowly to the height of the shoulders, first forwards, and afterwards on both sides of the body; also stretching the arms in a vertical direction to their full extent upwards and parallel to each other; some rotatory movements, during which the arms describe a curve, the basis of which is gradually increased in circumference; the head and body remain immoveable, while one or both arms are moved in the directions just named.

III. The patient bends the trunk slowly forwards, backwards, and sideways; he twists the body while in the vertical line from one side to the other; the examiner fixes the hips during the various trunk movements, so that the lumbar part of the spine should be brought into action. Sometimes it is desirable to resist the patient slightly while he is trying to execute a movement, in order to find the weak muscles or the irregularity of the form.*

43. INSPECTION OF SPINE CONTINUED.

This is not the place to enter into the details of the changes which are produced by these few movements in the various forms and stages of spinal curvature; my object is only to call the attention of the examiner to an easy mode of making a good diagnosis of the sometimes very complicated affections of the spine.

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* These three groups are illustrated and fully described in *The Cure of Chronic Diseases by Movements*, and in the translation of Rothstein's *The Free Exercises, by Ling*; published by Groombridge & Sons.

The head counterpoises the body, especially when the patient is passive; this is the reason that the head is bent forwards when the natural lumbar curve is diminished, and the lumbar vertebræ form a straight line instead of a curve; in lumbar curves, with the convexity to the left, the head bends slightly to the left; in kyphotic curves of the dorsal vertebræ, the head is slightly bent back, sometimes the chin higher than the back of the head, and the neck almost entirely hidden between the raised shoulders; the upper arms are frequently not only raised but also turned forwards and inwards; a cavity is formed under the clavicles on both sides of the upper and outer part of the chest; one humerus is found higher and also pushed more forward by increased action of the pectoral muscle of its side; this is also the cause of the inequality of the lateral lines from the ears down to the acromion, which is a circular segment on one side and more elliptic on the other; if an oblique line is drawn from one acromion to the hip on the opposite side, it is longer on one side than the other; each spinal process should be first slightly touched, and if not painful, either pressed harder or a percussion made; or if that cannot be borne, a slight longitudinal friction from the head downwards, with more or less pressure, is made along the spine. This manipulation several times repeated leaves for a short time a red mark along the spinal processes, which gives an exact outline of the position and form of the spine.

44. MODE OF TAKING THE OUTLINES OF CURVATURES.

If the mere inspection is not sufficient, a strip of lead, about half an inch wide, one-eighth of an inch in thickness, and of the length of the spine, can be placed and slightly pressed along the spine; the strip of lead thus takes the shape of the spine, which is cut out in pasteboard. The transversal outline, *fig.* 10, of the back across the shoulders is also taken in a similar way; and the outline of the spine in *figs.* 11 and 12, have been drawn from outlines taken in the manner just described, which, if I am not mistaken, was first used by

Ling. If casts, in plaster or gutta percha, are to be taken, I would advise my professional brethren to employ very skilful and practical workmen—the quicker such a cast or mould is taken the better it is—because it is difficult for the patient to remain for some time motionless; even deep breathing and speaking is often a cause of failure, as the position of the thorax and of the ribs is changed, and interferes with the solidification of the plaster.

45. PROGNOSIS.

Every lateral curvature while in its first stage predisposes to the second and third stages, and is never cured without treatment; unfavourable circumstances acting injuriously upon the general health, bad positions kept up for a long time, acute and chronic disease, hasten (in females quicker than in males) the progress of the complaint.

The muscular lateral curvature in its first stage is always curable, if the suitable treatment is not delayed, and if the patients are able to do all that is required for their benefit; when the second stage is fully developed, the curvature can be very considerably improved, but rarely perfectly cured; while in the third stage the improvement of the form which can be obtained, shows itself more in the secondary and tertiary curves and the general health; the diminution of the painful symptoms which I have named as the consequences of the highest degree of deformity, is here the principal object of the treatment. The other (not muscular) lateral curvatures do not admit such a favourable prognosis.

In kyphotic curvatures, which frequently occur in rickety children in their first year up to the sixth, or in children of tuberculous parents, or in adults suffering from caries of the vertebræ, the prognosis is always bad, because tubercular infiltration takes place in the body of the vertebræ, and destroys it, or the want of osseous matter prevents in rickets the firmness and the right form of the vertebræ; caries destroys the body of one or more vertebræ; in all these cases the happiest termination is ankylosis of the vertebræ, and the deformity is the least if the patient is kept in a horizontal position from the beginning of the complaint, and his diseased constitution improved by hygienic and medicinal means; unhappily in the majority of cases they are placed under treatment when the disease has made too great ravages, and a humpback produced; in such a case the treatment can, when most successful, but arrest the further progress of the deformity, and improve the position of those parts of the spine only which are above and below the diseased part.

46. LENGTH OF TIME REQUIRED FOR THE TREATMENT OF CURVATURES.

While naming approximately the periods of time required for the improvement or cure of a curvature, we must always take into account the constitutional strength and the most favourable circumstances. The following refers to the average of those cases in which the general power of reaction is still satisfactory.

In predisposition to lateral curvature, or where a slight inclination of the spine is observed in a lateral direction, three or four months of treatment are sufficient, but in order to prevent a relapse, constant attention must be paid to general health, and to the removal of all injurious influences; all the rules named in the preventive treatment must be attended to, especially during the period of growth, and the dangerous epoch of education.

Four to six months are wanted, in favourable cases, for the cure of beginning lateral curvature, and the same time for a considerable improvement of such a curve in its first stage, and while changing towards the second stage. In the second stage one or two years are wanted for obtaining the maximum of improvement or effecting a cure; but some improvement is already noticed after the first three months. In the third stage real and lasting improvement is scarcely to be expected under eighteen months or two years.

In kyphosis a similar period of time is required, if the general health is not impaired by the continuation of the constitutional disease, and if no suppurative process prolongs the disease for many years.

47. THE AIM OF THE MEDICAL TREATMENT OF CURVATURES

is to prevent the development of the spinal curvature as soon as the predisposition to this complaint is observed; to cure it in its first stages, or at least to improve where the cure is beyond our power. Circumstances frequently prevent the patient from being placed at the right time under any, or a rational treatment, while neglect of the complaint, or its injudicious treatment continued, in hope of a recovery, for years, with much perseverance, increases the curvature to such an extent that neither a cure nor a considerable improvement of the deformity is to be expected. In these cases our object will be to arrest the further progress of the disease, and to relieve the painful symptoms it has caused.

Prevention is only possible when the causes of the threatening curvature can be removed, while a real cure, even after the removal of the causes, can be only effected when the deformity is not too far advanced.

48. THE PREVENTIVE TREATMENT

begins properly with a rational rearing of babies and infants, and a rational physical training of children, youths, and adolescents; it is essential to attend, from the first infancy during the various stages of growth, to a few elementary hygienic rules, which, because they appear very simple, are generally neglected, although they are the only real means for preventing many diseases.

49. FIRST RULE.—TO PROVIDE, DAY AND NIGHT, A CONSTANT SUPPLY OF FRESH AIR.

In nurseries, bedrooms, dormitories of public and private educational and other institutions, much is still to be desired respecting the sufficient supply of fresh air. Perforated glass or zinc plates are the best ventilators, and also those which are constantly open, and can never be entirely shut. I have visited lately the day-nursery of a metropolitan workhouse which, although abundantly supplied with ventilators in all parts, was filled with such bad air that I could not remain there without immediately opening the window. You will, probably, think that the room was very crowded by its little inmates and their mothers; this was not the case, but all ventilators had been closed, and placed so high that they could not be opened, except the porter was called, who had to ascend a ladder before reaching the ventilators, which, under such circumstances, were scarcely, if ever, used. I could tell similar tales of many a nursery or dormitory in the houses of the rich. People are afraid of catching cold, but not of poisoning themselves with carbonic acid; they think that fresh air cannot enter the room without causing draughts, although these are easily prevented. My patients open the top-window about half an inch or an inch, and the window-curtains prevent the draughts.

50. SECOND RULE.—WASH AND RUB, DAILY, THE SKIN ALL OVER.

Bath-rooms are wanted in every house, but still more in all educational institutions, and wherever many persons live together. At present one bath per week is considered, in many homes and in very good educational institutions, the maximum of luxury required for cleanliness, and for preserving the regular functions of the skin; I am in the habit of prescribing, not only to children, but also to many adult patients suffering from chronic diseases, before they go to bed to be well washed with yellow soap, or another soap containing much soda or potash, which, under the form of a lather, is applied to the skin with a coarse flannel; every limb, and afterwards chest and back, are separately treated in this way and, when washed and dried, well rubbed either with a coarse flannel or glove. The patient, especially the weak, derives the full advantage of the manipulations if they are done by another person. The temperature of the water varies according to the power of reaction. The patient must feel, for some time after the washing, a general feeling of comfort and warmth. When warm water is used in the beginning, it should be changed only by degrees (every second day half a degree less warm) to tepid, and when required, to cold. In the morning a quick sponging, with tepid or cold water, of the whole body precedes the general friction. Very weak patients are not washed all over at once, and are well covered after the washing to assist the production of warmth and comfort.

51. THIRD RULE.—ATTEND STRICTLY TO THE QUALITY AND QUANTITY OF FOOD.

The Food must be simple, and not too much seasoned or spiced. Hunger must induce to eat, but the appetite must be artificially stimulated by bitter and similar substances. A mixture of animal and vegetable food is the best. Water and milk is the usual beverage; sometimes a glass of wine or beer is given, but I have never recourse to brandy or rum. The meals should be taken at regular hours, and the principal meal during the middle of the day, at 1 or 2 P.M. Three meals a day are sufficient; children under three years may have a fourth meal. Bad assimilation amongst the poor is often the consequence of scanty and bad food: while the rich suffer frequently from the same complaint by eating too often, too much, and too rich food. The different quality of food can be made use of as a means of counteracting some symptoms—thus, where the action of the bowels is sluggish and the digestion not deranged, brown unfermented bread and oatmeal porridge will be useful; mix wheatmeal (with all the bran it contains) with water and salt in the requisite proportion, have it well kneaded for five or ten minutes in order that a sufficient quantity of air may be taken up by the dough, and when well baked it forms a very savoury brown bread, containing all the gluten of the wheat, counteracting the predisposition to constipation, and it is much more liked than the white bread, and does not produce acidity or flatulency. The brown bread, according to Dr. Dauglish's process, is also good, but cannot be had always and everywhere. The white of an egg mixed either with milk alone or with the addition of a small quantity of cream, given to weak and rickety children three or four times a week is very useful. Every practitioner can and must prescribe such food as is most adapted to his patient's constitution and complaint.

52. FOURTH RULE.—ATTEND TO DRESS.

The materials of the dress must vary according to the season; it must be always sufficiently loose to permit the free use of the limbs and body, and not interfere with the full expansion of the chest and abdomen during a deep inspiration § 20. My female patients are not permitted to wear stays and corsets; the injurious effects of these have been mentioned. The bodies of their dresses and under-clothes must have large armholes; shoulder-straps or tapes across the shoulder, which are constantly falling down to the humerus, interfere with the free action of the arm, and oblige the wearer to use, and to raise frequently the shoulder-blades beyond their normal position. Petticoats should be attached to bodies, or fastened by broad and circular bands *across*, but *not above*, the hip-bones; these bands are of a circular cut, with the smaller circle at the top to prevent any transversal pressure across the abdomen. Too heavy dresses, pressing especially on the abdomen or hanging heavily on the shoulders, are injurious. Garters which are usually tight interfere with the circulation, produce swelling in legs and feet, also varicose veins; it is better to fasten the stockings by loops attached to a circular waistband. The soles of the shoes should be as large as the sole of the foot when the entire weight of the body is pressing upon it, and it is in this position that the measure of the outline of the sole should be taken; while the measure of the arch of the foot is taken while no weight is pressing upon it, as, for instance, in the sitting position.*

53. Many persons suffering from lateral curvature have one or both ankles relaxed, and mostly projecting inwards; besides the special manipulations and exercises selected, according to the case, for strengthening this joint, I recommend a soft pad of

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* Patterns of good dresses for children and adults are to be obtained at the Ladies' Sanitary Association's office, 14A, Princes Street, Cavendish Square, London; and those interested about how a good shoe should be made, will find the details in Professor Meyer's little pamphlet, *Why the Shoe Pinches* (which can also be obtained at the office); and in Dowie's book, *The Foot and its Covering*, which contains Camper's treatise, *The Best Form of Shoe*.

cotton or horsehair, covered with silk or chamois-leather, corresponding to the shape of the hollow of the foot, the sole of the shoe having a thinner and moveable middle-piece adapts itself to the shape of the foot, and as the pad raises slightly the middle part and internal edge of the foot, the boot (which reaches above the ankles and is laced in front) assists the foot at every step, and brings it into a more normal position. I have elsewhere * mentioned the bad effects of high as well as of small heels.

Stockings with toes are preferable, because they would prevent the toes from bending, and thus diminishing the basis of the foot; while corn-cutters, chiropodists, and foot-doctors would be less wanted.

54. Boys and men should leave off tight hats, stocks (which produce headache and other disagreeable symptoms in the face and head), tight belts, and braces (the two last compare in their effects with shoulder-straps and corsets); trousers fastened by a half circular band in front, an elastic and strap on the sacrum, made on the same principle as the bands of petticoats, will answer all purposes without interfering with the digestion, by pressure on the stomach and abdomen.

55. FIFTH RULE.—AVOID BAD POSITIONS.

Avoid during the usual occupations of life, but especially during the period of education, such positions as contribute to the development of the predisposition to curvatures, or increase a beginning curvature. By looking on the engravings of the bad positions drawn from life, and which I have chosen because they are very frequently observed, it will be easily understood why they have such an injurious influence on weakly constituted persons, especially on growing girls—and why those who are suffering even from the slightest curve, must be constantly watched, that they may not choose these bad positions, which they do unconsciously and involuntarily.

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* *Cure of Chronic Disease by Movements, on Dress, p.* 260.

56. SIXTH RULE.—ATTEND TO RATIONAL PHYSICAL TRAINING.

Train growing as well as adult persons by a rational mode of exercise, that the body and limbs may be under the control of the mind, and thus made useful for the purposes of life.

The preventative treatment is more required by girls than boys, especially by those delicate girls who have a hereditary predisposition to tubercular, chlorotic and anæmic diseases, and spinal curves. All practitioners having experience in the treatment of spinal curvatures, however they may differ regarding the treatment of curvatures, agree that besides the hygienic influences which contribute to the general improvement of health, *rational* exercise is the most suitable for the prevention of curvatures.

57. BOYS ARE LESS SUBJECT TO LATERAL CURVATURES THAN GIRLS.

The greater freedom permitted to boys during their education, their games and sports in the open air, the greater ease with which they can move in their dress, are considered to be the principal causes to which we must attribute the smaller number of lateral curvatures occurring amongst boys—the proportion being one boy to ten or twelve girls.

58. CURVATURES AND OTHER COMPLAINTS ARTIFICIALLY PRODUCED IN GIRLS.

The following extract from a Continental writer, on the mode of bringing up children, can justly be applied to this country, and will sufficiently explain how curvatures can be artificially reared :—

"We will not inquire how a child has been brought up to its sixth year with regard to food, clothing, dwelling, and exercise; but we will assume that it has been treated rationally, and is sent at that age as a healthy child to the public school. Now the childish play ceases, instead of the exercises and games which had been strengthening the body, the school is substituted in all its earnestness and rigour for six hours a day. School is not a place where labour is united with play, and application with pleasure, but one for labour and application only. When boys, however, return from school they are usually permitted to exercise themselves freely, and to find for themselves opportunities of making their bodies strong, flexible, and healthy; but this is not the case with girls, they must bear themselves from infancy with the strictest propriety, and their out-of-school hours are therefore employed in sitting occupations, such as reading, writing, and sewing. The only recreation permitted them is playing with toys, which neither rouses the mind nor exercises the body. As girls become older, the requirements of the school become greater; lessons to be done at home diminish their leisure time perhaps by two hours. If the girl is to be introduced into the world in her fourteenth year as a well-endowed young lady, she must begin at least in her tenth year to play the piano and to learn French. Thus the lessons are spread over two hours more, and the mind is daily occupied for ten hours, while nothing is done for the body.

"Can we, then, wonder that in the fair sex of the present day, especially in large towns, among the middle and higher classes, ailments of the muscular and nervous system, deficient development of the bones, and consequently curvatures of the spine, glandular and scrofulous diseases, green sickness, cardialgia, fainting fits, disorders of the sexual functions, etc., occur so frequently! No one who does not wilfully shut his eyes can fail to observe the evil of the prevailing fashion of female education.

59. IMPORTANCE OF RATIONAL GYMNASTICS.

"The only preventive and remedy for this unnatural and irrational state of things is to be found in the adoption of Rational Gymnastics. The only substitutes at present employed, and those at the best insufficient, often unfit, and in many cases even injurious, and at present confined in a great measure to the better classes, are dancing and the so-called calisthenic exercises, while those exercises which, under the name of Free Exercises, form a part of Ling's system are entirely unknown. It is strange that many parents object to a Rational Gymnastic instruction, under pretence that it is contrary to propriety, while the same parents have not the slightest objection to send their daughters to dancing lessons, where familiar embracings with the other sex form a necessary part of the lesson, where they are taught to hold themselves in constrained unnatural positions, and where coquetry is practically taught. (*Böttcher.*)" *

60. These evils of our modern civilization—when parents believe that the finishing-stroke of their daughters' education must be given at the completion of their seventeenth or eighteenth year—can only be counteracted by suitable hygienic means, amongst which *rational* exercise is a very important one, as it aims at the harmonious development of the mental and bodily faculties, which can be obtained only by degrees, as the mind —by the influence of the will on the training of the body—is one of the agents in producing this harmony.

61. IMPORTANCE OF PHYSICAL TRAINING.

The following notes, taken from Mr. Chadwick's Biographical Notice of the late Horace Grant, confirm the importance of rational physical training:—

"Every one must have noticed the *great bodily* and *mental exercise* gone through by a *healthy* child, at perfect liberty to do what it likes; the innumerable objects observed, inquired into, and experimented on; the endless reasonings, imaginings, inventions; and the worlds of fancy into which his old materials are constantly being marshalled. Yet all this hard work is pleasure to the child,—it is play; but such play makes men. Shall we attempt (imperfectly at best) to continue the course thus indicated by nature, or shall we disregard the requirements of the complicated and delicate structure with which we are entrusted, and force down indigestible matter as if it were fit nourishment, exclaiming always, that nothing can be more pernicious than to overwork the mind or body of a child?' * * * * Mr. Grant fully comprehended, as expressed shortly in the passages hereinbefore cited, the necessity of keeping the physical training coincident with the mental exercises for mental development, and he has provided for exercises for the body, in his 'Exercises for the Senses of Young Children,' in the infantile stage. I know, from conversation with him, that his views extended to the whole educational course up to manhood, and would have comprised the health gymnastics, as developed by Ling in Sweden, and promoted by Dr. Schreber in Germany, but complete and systematised. As an example of the closeness of his observation, where he indicates, as a probable source of the disposition to mischief, and of the more unfavourable and troublesome of the characteristics of town boys—the irritation of body caused by the want of good air and active exercise—I may state that in some large public establishments exclusively occupied by children, where systematised exercise has been given to them in the form of the military or naval drill, or gymnastics, or labour in the fields, with half-time book instruction, those unfavourable manifestations have been entirely suppressed. Where, however, from ignorance, the drill has been discontinued, and the active bodily exercise has been greatly reduced, the troublesome mischief has invariably re-appeared, the premises and bedding materials have been injured, irrepressible disorder in the school-rooms and dormitories has arisen. But when the active bodily exercise, by the drill or otherwise, has been restored, and the suppressed energy which burst out in mischief has been allowed to have vent, the mischievousness has been invariably eradicated, and order and quiet sleep in the dormitories restored, and the work of the school performed satisfactorily. The bodily training necessary to sustain mental as well as bodily power, and to ward off disease and pain, and premature loss of power, will, however, lie with the physiologist and with the physician, who has to mitigate the evils of neglect, and with the sanitary philosopher who specially studies the whole special means—mechanical, administrative, and other—of prevention."

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* *A Letter to the Rt. Hon. the Earl of Granville, Lord President of the Council of Education, &c., &c., on the Importance of Rational Gymnastics as a Branch of National Education, and as a means of Elementary Instruction; on the Advantages arising therefrom to the Industrious Classes, and the Effect upon the Public Health, the Fine Arts, Military Affairs, and the Diminution of the Poor's Rates.* By M. Roth, M.D. Groombridge & Sons, London.

The medical attendants in public and private schools, and the parents who send their children—especially girls—to boarding-schools, should inquire whether the few hygienic rules named above are strictly attended to, as far as they regard constant ventilation in dormitories and school-rooms, frequent bathing, and the positions in which the pupils are during their occupations; also, the time spent in the open air and the time passed while engaged in mental work should be strictly inquired into.

62. OVERSTRAINING OF THE MENTAL FACULTIES PRODUCES MANY DISEASES AND DEFORMITIES.

The bad results of mental overstraining are not sufficiently known to teachers and parents; and although I have named some of the bad effects on pupil-teachers and those who are trained as governesses, I wish to quote the opinion of an eminent physician on this subject, which is ably expressed in the following extract. I have only added or changed the few words in *italics*.

"In the affluent classes, wherever the hygiene of children or adolescence is neglected, or is ordered by the sovereign crotchets of some energetic parent, many maladies will creep in; and here I would raise my voice against that pernicious system of brain work, miscalled infantile education. It ignores, or is ignorant of, the laws both of the physical and functional development of this most important organ. It neglects the sequences under which its various faculties appear. It has little regard to the laws under which the senses educe the powers of the brain. It either crushes the imagination, so active in childhood, by a premature development of the reflective faculties; or it overwhelms a faculty which requires no stimulus, by a host of artificial expedients. Hence the greater development of early madness; hence the instances of disproportionate faculties, the wayward will, the unbalanced conduct, the physical exhaustion and cramped development of the body, the result of the contention of inharmonious and disordered powers and passions. The chapter on the early training of childhood is yet to be written; and even were it at hand, I believe that the errors of the present system are so methodized and enrooted, so many prizes are offered for threading its paths, that few would listen to, and fewer practise its precepts. One of the most thoughtful minds of our time (Sir B. Brodie) in pointing out some of its vices, has all but preferred leaving the brain fallow, to storing it as it is now stored, in infancy and childhood."—(*Ferguson's Prefatory Essay to Gooch's Diseases of Women.* Sydenham Society.)

63. CASE OF BAD EFFECT OF EARLY MENTAL OVERWORK.

While writing these notes I have an opportunity of seeing a sad instance of the effects of such mental overstraining in a young man of twenty-one, who since his earliest childhood and during adolescence, was obliged to read and to say prayers very frequently during the day, to read and to think of religious and philosophical matters which were far beyond his comprehension. For years every effort was directed to the development of the brain with an entire neglect of the body; notwithstanding he has been lately for months living in the open air and taking horse exercise, he is suffering in a high degree from various nervous symptoms, fears, and bad spirits; has no idea of form, numbers and mathematical combinations; frequently complains of sickness and gastralgia; sometimes a ravenous appetite and at other times apepsia; his head stoops, the spine is laterally curved, the chest flat, the breathing only abdominal; he is inclined to make involuntarily grimaces, consisting in a particular sniffling movement of the face, with lifting the cheeks and mouth, the origin of which he explains thus: being obliged to say in his childhood short prayers, he soon got tired of them and used merely to mutter the prayers; he afterward said only "amen," and finally made only the movements of praying, and finishing with a repeated grimace for "amen." With his right fore finger he makes also involuntarily movements, which are the effect of having constantly made, concurrent with the prayers, the sign of a short cross. When sitting he moves the body forwards and backwards, a movement I have frequently seen amongst the blind left without regular occupation or training. He corresponds perfectly to the picture drawn by Dr. Ferguson, and serves as a warning to those parents who are fond of the great and premature cleverness of their children, whom they overburden with ideas beyond their powers of comprehension.

I have notes of many other cases of curvatures and general derangement of health in consequence of early mental overstraining, and have just examined a young lady 23 years of age who suffers from headache, spinal irritation, slight curvature, beginning loss of sight, and general weakness; all these symptoms being principally ascribed to mental overexertion during the time of her education.

64. INJUDICIOUS EXERCISE, AND ITS BAD EFFECT.

For prophylactic purposes, the most useful *gymnastic* exercises—that is, such as are well executed with regard to quality, quantity, and intensity—are, in the first place, breathing exercises; next, those which develope the extensors of the spine and head, the muscles which enlarge the chest and retain the shoulder-blades in their place, and the exercises by which the limbs are simultaneously strengthened.*

The individual state of health and strength must be the standard according to which the quality, quantity, and intensity of the exercise must be regulated. Much mischief is done by a general and indiscriminate recommendation of exercise, by placing weak persons, and especially children and youths, in the same class with healthy and strong ones, who go through a series of educational or hygienic exercises suitable to the healthy, but extremely injurious to the weak and those predisposed to curvatures. These, although not able to move like the strong, try to imitate or rival them, and, by doing so, place themselves in abnormal positions, which produce unequal development, and, instead of improvement, an increase of the primary weakness. I could quote many instances of weak persons being sent to an ordinary gymnasium, where they have been obliged to go through a series of exercises similar to the drilling of healthy recruits, or where everybody, according to his fancy, takes hold either of dumb-bells, clubs, heavy weights, ropes, climbing-poles and masts, &c., and does what he likes; where the ambition is roused to lift the heaviest weight or to carry it the longest distance, to leap the highest, and in general to perform the most difficult, or most daring feats. That not the slightest notice is taken of the individual weakness in such a gymnasium is quite obvious. The practice of such rough exercises produces on persons who are not strong bad effects, which vary according to the individual predisposition to various complaints; and this abuse of gymnastics is the cause of the disrepute into which even the most cautious scientific application of medical gymnastics has fallen.

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* See *Gymnastic Free Exercises of Ling*, published by Groombridge & Sons, 5, Paternoster-row.

65. THE NEGLECT OF RATIONAL GYMNASTICS BY MEDICAL MEN IS THE PRINCIPAL CAUSE WHY THE PUBLIC APPLY TO EMPIRICS, ANATOMICAL MECHANICIANS AND ANATOMICAL CORSET MAKERS, TO DRILL SERGEANTS AND DANCING MISTRESSES, PROFESSORS OF CALISTHENICS, ORDINARY GYMNASTICS, AND TO RUBBERS AND QUACKS.

How can we expect a scientific use of this branch of the healing art as long as medical students leave their schools without the slightest knowledge of the existence of such a curative agent; as long as medical men believe it to be under their professional dignity to apply personally medical gymnastics for the prevention, relief, and cure of many chronic complaints; and as long as the teachers of medical schools ignore the importance of this subject.*

In consequence of this neglect on the part of medical men, drill sergeants, dancing mistresses, teachers of calisthenics and ordinary gymnastics are entrusted with the treatment of what people are in the habit of calling a high shoulder, a high hip, an awkward walk, a stoop, a bent back, etc.; of symptoms depending upon constitutional weakness and other morbid causes, the removal of which requires a deeper knowledge of the state of the healthy and diseased body, and which is certainly not to be found among the persons I have named, who indiscriminately direct their efforts only to the diminution of the visible and more prominent symptoms, without having the slightest notion that the mechanical pulling and pressing down of a high shoulder or high hip is frequently followed by a still higher degree of a twist or curve of the spine. If the persons just named do not succeed, as it happens in the majority of cases, recourse is had to a so-called anatomical corset maker, a mechanician whose epithet of *anatomical* impresses the public (generally very ignorant upon everything which concerns its health) with a particular awe, while the prevailing idea that the human body can, like a piece of wax, be moulded mechanically into any shape, induces many people to make use of the nicely polished spine redressers, steel supports, or of softly padded, silk-covered corsets, hiding under their pleasant exterior steel plates, steel busks, etc.

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* It is mentioned in the *Medical Times and Gazette* of January, that at the University of Prague, one of the oldest in Germany, Drs. Spott and Bohn have been appointed as professors of the theory and practice of medical gymnastics: it would be too sanguine to hope that the English schools of medicine will imitate this good example.

66. INJURIOUS EFFECTS OF MECHANICAL SUPPORTS.

All these mechanical contrivances have this in common, that they give immediately to the dressed young ladies a better *appearance*,* that they *increase* the weakness and inactivity of those muscles which, instead of being strengthened, are still more weakened and relaxed: by degrees such an effect is produced, that many of the unhappy victims, after years of suffering, patiently passed in the vain hope of an ultimate recovery, are even unable to turn in bed without being cased in their anatomical corset, a name which is given in preference to this torturing steel contrivance; or that they lose the power of balancing the body to such an extent, that they are unable to make a few paces without the assistance of another person. Such a painful picture is at this moment presented to me by a yound lady 19 years old, who for six years has been treated in this way, and has named the anatomical mechanicians and the three orthopædic surgeons who have, during this long period, directed the treatment by machines, which require every week, once or twice, a screwing up, arranging or adjusting of their various parts, which operation is performed by the specialist, and rewarded by a fee. Under such circumstances, the pertinacity with which such treatment is advocated at the expense, although not in the interest of the patient, is easily understood, and also why its advocates oppose the only rational mode of treatment, which aims at the improvement of general health and the increase of power in the parts affected by simple hygienic and medical means.

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* A sad advantage, but highly appreciated by the ignorant parents, who do not mind if their daughters suffer from any other complaint, but are particularly anxious that they should not *look* crooked or deformed.

Many family doctors are most innocently reproached by their patients that they—having no experience in the treatment of deformities—have sent them to those professional men who are the staunch advocates of such purely mechanical treatment. About two years ago the leading medical journals contained a large prospectus for the formation of a limited liability company, under the title of *The Spinal and General Orthopædic Association*, with a capital of £ 20,000, for the manufacture and loan of these orthopædic machines; the profits to be made at the expense of the unhappy patients were advertised as sufficient not only for a fair dividend to the shareholders, but also for paying fees to a staff of superintending, consulting, assistant and district surgeons, etc. None of the editors of those medical papers opposed such a scheme, which happily failed, otherwise it would have been as degrading to medical men as injurious to their deformed victims.

At present we see the advertisement of an anatomical mechanician who, being probably aware of the injuries produced by spinal apparatus, advocates the use of gymnastic exercises as practised abroad, in combination with the mechanical contrivances he manufactures; while another, who calls himself an orthopædic, anatomical, and gymnastic machinist, advocates gymnastics at home, because he has no gymnasium connected with his manufacture of machines, and sells apparatus on which exercises are most rudely performed. This is another proof that any curative means neglected by medical men will and must necessarily fall into the hand of empirics.

67. PRACTICE OF RUBBERS.

If professional men would pay more attention to the pathogenesis, development and treatment of deformities, they would not complain of their patients placing themselves under, and sometimes being cured by, the treatment of rubbers, bone setters, synovia dispellers, and similar classes of persons, who promise to cure every complaint and deformity either by the application of pitch plasters, aromatic and other stimulating embrocations, or by rubbing the parts merely with oil and fat, which is sometimes done for three or four hours a day. The pitch plaster keeps up an equal temperature, and as it is first stuck on the lower part of the spine, and then pulled upwards all over the back and shoulders to the upper part of the chest, it sticks to all these parts as well as to both sides of the chest, and serves as an artificial support to some patients suffering from what they call a weak back; these plasters are very roughly and quickly torn down twice or three times a week, and the stimulating frictions applied for twenty to forty minutes before a new plaster is stuck on. A shrewd rubber, whom one of my colleagues calls the prince of rubbers, tells many of his ignorant patients that they suffer from softening of the brain, and that they must go to the madhouse if they discontinue his treatment. Such a patient, who was pronounced to have softening of the brain, was a short time ago under my treatment, suffered from sympathetic headaches, caused by a uterine complaint. I was also requested, a few weeks ago, to examine a child suffering from neuralgia, who was treated for more than a year with opiates of every kind, without the slightest relief; the crouching position during the long period of time, has produced a lumbar kyphosis. The rubber applied, as usual, his plaster, which produced when torn off such excruciating pains, that the plastering treatment was discontinued. Dr. Madden has seen with me both these cases, which I mention because I believe it a duty to state such facts, as there are, unhappily, amongst the profession men who believe in the wonders of such quacks, patronize their proceedings, and thus help to maintain the ignorance and credulity of the public. By a coincidence of circumstances, or by some other chance, it happens that the same medical patrons are particularly recommended by the quacks to those patients who, not satisfied with the plastering and rubbing process only, wish also to have medical advice.

68. TREATMENT OF CURVATURES.

The common sense expressed in the following extract, written forty years ago, cannot be sufficiently repeated, as it takes a long time to eradicate prevalent errors of treatment:—

> "When a lateral curvature of the spine has existed any considerable period, it is so commonly accompanied by a feeble and emaciated frame as to warrant the conclusion that some specific disease exists; which disease is the cause or consequence of the curvature * * * *
>
> "But what is the disease that acts upon the system? what its nature and character? *Unless this is ascertained, and we know the source, we shall at best but palliate, not remove the evil.*
>
> "Plans of cure have been proposed without a reference to the cause of the affection they profess to remedy. The eye is struck with the fact that the spine is bent, and *upon this fact, solitary and uncombined, plans of cure have been originated.* One proposes a well-contrived machine, to bear off the weight of the head from the part which has protruded. Another purposes to accomplish the same end by confinement to an horizontal posture for several successive months. A third recommends the carrying a weight upon the head, and, by the exertion thus occasioned, to compel the muscles to force back again the yielding parts to their natural position.
>
> "As the plans of mechanicians these are certainly very precious and appropriate * * * * but it is evident that these *plans only relate to the spine as having been mechanically*

curved, and can have no relation to the cause of the affection. It is not treated as a medical subject, for every plan has for its object the restoration of the spine to its natural figure by mechanical means, and acts on the principle that that which is bent may, without regarding the cause, be forced back again.

"Suppose all that was intended accomplished, and that the vertebræ were again in their proper positions, by what means are they to be preserved there? The source and spring of the evil still exists; the cause of the curvature still continues to act; and when mechanical support is withdrawn, the curvature generally reappears.

"The attempt to cure, if it will bear the name, has had respect only to the preservation of the position. * * * * The sufferer having only the option of mechanical means, when these fail no resource remains; the symmetry and the health of the system must therefore every soon become the prey of the malady."*

Similar opinions were expressed also by John Shawe and William Ward forty years ago, but all in vain, the public and many medical men are still in favor of machine treatment.

69. THE AIM OF THE CURATIVE TREATMENT OF MUSCULAR LATERAL CURVATURE IS—

To improve the general health;

To restore the normal antagonism of the muscles of the spine; and

To arrest the further increase of the lateral curve; to imimprove or to restore the normal form of the spine.

I. In the majority of cases attention to the hygienic means, mentioned in the preventive treatment, is sufficient to improve the general health; in other cases, medicinal means, adapted to the individual cases, must be selected to obtain this object, also applications of water in its various forms—swimming, the Russian bath and sea-bathing—will be found useful in combination with other means.

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* Dr. Jarrold, *Enquiry into the Causes of the Curvatures of the Spine.*

II. The normal muscular action is restored by movements acting especially on the relaxed muscles. The movements are put down in the form of a prescription, which the patient goes through either daily, or every other day, while assisted by the medical man himself or by one of his assistants trained for this purpose. Those who wish to know how to select the right movements for the *individual cases*, and how to apply them with regard to time, quantity, intensity, I must refer to the various publications on rational medical gymnastics or movement cure.* The study of this branch of medical science will convince them how the present empiric application of exercises, on the polymachion, on the portable gymnasium, or on similar mechanical contrivances, and the calisthenic treatment on continental and other principles, must prove very injurious in spinal curvatures, which require for their treatment, not merely mechanical or automatic exercises, but all the means suitable to counteract the causes which have impaired the general health.

III. In order to arrest the further increase of the curve, to improve it, or to restore the normal forms of the spine, the patient must avoid any position in which the spine is placed some time in an abnormal form—a reclined position as in *fig.* 46—or a lying position as in *fig.* 47, is very useful. These positions must not be kept for more than half-an-hour to one hour at a time; but the patients must at times during the day be placed in such comfortable positions, in which they do the breathing and other exercises adapted to their case. In the resting position they can read, write, or do any other work. Some of the bad positions which, during the period of education and during various occupations, are frequently observed, have been illustrated for this paper with the view of showing how bad the effects must be in delicate and weak persons.

The alternate use of rest and exercise, selected according to the state of the patient's health, strength, and curvature, is very efficacious, especially when the patient is made conscious of the usual positions in which he twists or bends his spine, or combines both these actions to make himself comfortable; he feels constantly either twisted or crooked when placed in a right position, and as long as the patient does not think of the right position, but remains in those positions only in which he falsely believes himself to be straight, the progress of improvement is very slow; therefore, it is very important to convince the patient that he is not straight when he fancies himself to be so; the patient's will and energy must also be roused so that he himself may assist as far as it depends upon him to carry out the instructions given for his own good.

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* A list of them is to be found amongst the advertisements at the end of this No. of the *Journal.*

70. As I have no intention to enter into all the details of the curative treatment of the habitual lateral curvature, I will mention only the following:—

1. Lateral curvature should be treated as soon as observed.

2. Every day prolongs the time of treatment, and is frequently the cause that a previously curable case can only be improved.

3. Attention to the improvement of the general health and strength, by hygienic or medical means, must either precede or go hand in hand with the local treatment.

4. The local treatment can include not only passive manipulations and exercises, acting especially on the relaxed parts, but also applications of steam douches, cold or warm water showers and baths, compresses, and all other means which increase the strength of the weak parts. The influence of the patient's will on the relaxed muscles is essential.* To rely only on mechanical supports, corsets, machines, &c., is extremely injurious.

5. As long as improvement is going on the treatment should not be interrupted, otherwise the patient is exposed to the danger of a relapse.

6. It is not enough to improve only the appearance of the patient, but it is essential that his health and strength should be really restored, that he may be able to bear with impunity mental or bodily exertion of various kinds; his flabby relaxed muscles must be changed into firm and robust ones; the previous languor must have disappeared; in fact, he must not only look, but really be a healthy person, then only can the treatment be called successful.

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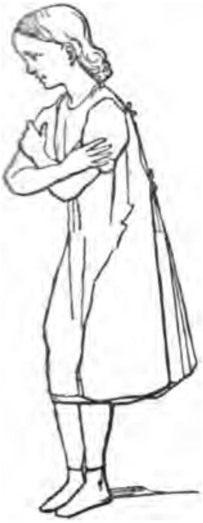
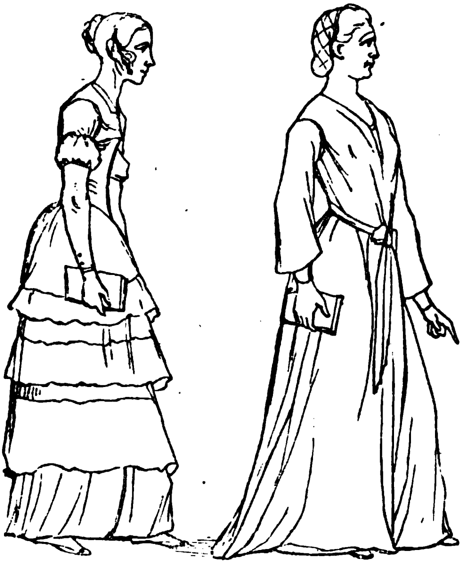
* Dr. Kjölsted's treatment is based only on the energy of the will, and it is mentioned that he was very successful in many cases.

71, STANDING.

Little attention is paid in schools and educational establishments to the right mode of standing. In many schools it is a practice to make the children stand while reciting their lessons; they are obliged to stand with the feet closed and the arms crossed, as seen in figure 21. The school-mistress has not the slightest idea that the difficulty of standing upright is increased in proportion to the smallness of the basis, and that the crossing of the arms induces the child to bend the body forward, that the convexity of the lumbar curvature is backward, and that the head must necessarily bend forward to preserve the balance of body. The easiest way of standing is with the feet placed slightly apart, or one foot placed before the other, while the weight of the body rests on both legs.



21. Standing position of a girl in school.



22 and 23. Standing positions.

many diseases among the working class, the origin of which depends upon the bad position and the ten or eleven millions of movements of the right arm per annum, which an unhappy needle-woman makes, who works at an average of twelve hours, and six days per week, in one year, and generally confined in rooms with vitiated air.

A needlewoman makes in

1 minute	50 stitches,
1 hour....	3,000 ,,
1 day (of 12 hours)	36,000 ,,
1 week	216,000 ,,
1 year	11,232,000 ,,

Girls 10 to 12 years are apprenticed as needlewomen, and admitting that they work only a third or fourth part as much as an adult and practical woman, it will be easily understood why the frame of the growing girl is in a short time marked by a predisposition to many chest and abdominal complaints, as well as various deformities of the ribs and spine. *Fig.* 18 is a portrait of one of these unhappy girls, scarcely 18 years old, who besides the spinal curvature was suffering from fever, pain in the chest, headache, cough, and blood spitting.

73. SITTING AT THE FRAMEWORK.

The stooping position over the frame, and the leaning on it with the lower part of the left side of the chest, not only produces deformities in the anterior part of the ribs and of their cartilages, but also a predisposition to spinal curves; when the frame is to be arranged for the work, the girls and women are in the habit of pressing the frame with all their power towards their chest, which is also very injurious, and would be

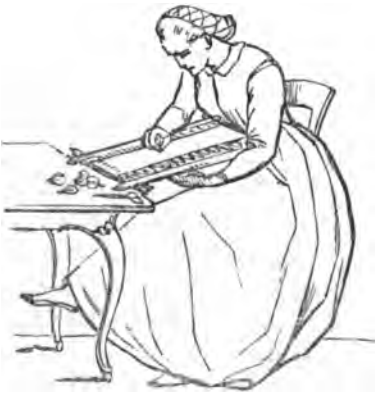


Fig. 27.

easily prevented by placing a few screws in the frame; the working girl should be taught during her apprenticeship to use alternately both arms and hands above the frame, which would prevent a constant flexion to one side of the spine in its lumbar part, and thus indirectly a lumbar curve.

74. IRONING.

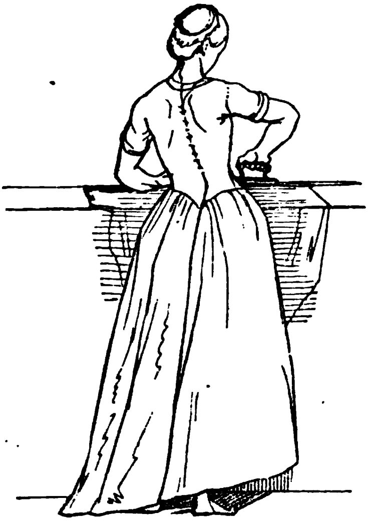


Fig. 28,

The girls in the laundry, whose constant occupation consists in ironing, are frequently subject to spinal curvatures; I have traced the cause in many instances to the ironing table being too high, and the weight of the iron being too heavy for the girls, they are consequently induced to raise the elbow beyond its natural height, and to assist the lifting of the heavy iron by raising the shoulder; but as both these actions (of raising the parts beyond their natural height) are more easily performed when the spine is bent to the opposite side, it is easily understood, why a weak girl working for days in a standing position will soon suffer from languor, pain, and lateral lumbar curve. As long as we have not ironing machines the girls should be accustomed to iron alternately with both hands; change of occupation—as housework, washing, scrubbing, &c., are very good antidotes to the bad effects of ironing; the introduction of ironing desks instead of tables, and a contrivance for raising and lowering the desk, according to the height of the working person, is desirable. It is to be hoped that the ingenuity of some engineer will soon be directed to the invention of a mechanical contrivance for ironing which would certainly contribute to the diminution of the complaints to which the ironers are at present subject.

75. NURSING CHILDREN.

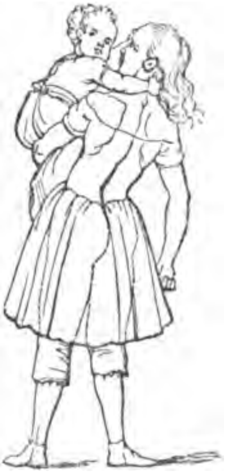


Fig. 29.

The custom prevalent in some classes of society of hiring girls of 8 to 15 years as nurses of infants and children, is also indirectly a cause of spinal deformities in a large number of these young nursery maids, who are frequently seen in the streets carrying with the greatest effort very heavy children even of 4 to 5 years. As nurses in general (even the adults and strong ones) are in the habit of carrying their living burden always on the same side, namely, the left, they injure not only themselves, but also the children. Some practitioners attribute the frequency of certain deformities among rickety children to their being carried always on the same side. Babies and infants should always be carried either in a horizontal or slightly inclined position with the head raised; the nurse should use alternately both arms; when children are too heavy to be carried a long distance, the old fashioned basket-carriages (on small wheels) in which they can be placed horizontally or in a reclining position are to be preferred to perambulators, which should only be used when children are strong enough to sit upright for some time without letting the head drop and the body incline and bend forwards. It is in the interest both of nurses and children that the former should be strong, well developed, and straight, that they may be able to fulfil conscientiously their most important duties, of which the majority of them have scarcely any idea, as they have never been trained for their employment, which they are expected to know instinctively; there is an ample field for the Society for the Employment of Women to find the ways and means for training intelligent and *well educated* girls in the theoretical and practical knowledge of the art of bringing up judiciously, according to hygienic laws, our infants and children; I am sure the society I have named would thus be the means not only of benefiting the community at large, but also of providing for a class of persons most necessary to mankind in general, without simultaneously neglecting the propagation of a knowledge in which every adult girl, without any regard to her future position in life, whether rich or poor, whether destined to remain single or to be married, should be versed, and thus be enabled to make herself useful either in her own future family circle, or to her friends and relations, or to the still larger circle of her fellow creatures.

The female compositors, readers, printers, book-keepers, and copyists, whom the Society for the Employment of Women trains at present will probably be very useful persons, but will they be less subject to complaints than their mlae fellow workers, and is the market overflowing with a stock of *educated* nurses, who would be better paid than at present the majority of governesses? The position of a nurse would be raised if intelligent girls were educated and trained for it, who would have the advantages of being alone in the market—no opposition on the part of male nurses of children is to be feared—and (what is besides not entirely to be despised, they would, like their American sisters who have been trained as school-mistresses) soon find a husband and an opportunity of applying their knowledge for the benefit of their own children;—they would then make room for others; and nobody will deny that theirs would be the right employment for women.

76. READING.

Notwithstanding the attention of educators, heads of private and public schools and school-inspectors, has been often called to the necessity of abolishing forms, they are still to be found in the majority of schools; the *fig.* 30 shows not only the stooping and crooked position into which the boy, after a short time, must fall, but also the uncomfortable dress of many a charity school boy;—to save a few inches of cloth the jacket is made so tight that the boy cannot breathe freely in it when it is buttoned; he is thus obliged to bring his shoulders forward, and to *narrow* his chest. The dragging of the trousers, fastened with braces, induces the shoulders to shrug, while the very tightly bound laced boots interfere with the free circulation in the feet, and produce cold feet. *Fig.* 31 shows the boy in a good position, only the desk should be slanting, or the book supported, as in *fig.* 33; the back should be always leaning on the chair; the reading-desk, or table, should be high enough to support the forearms, and the feet should touch the floor. *Fig.* 32, considered by many girls very comfortable, is therefore often to be seen; the bad effects of the crooked position in the low and tight dress are not confined to the spine, but show themselves in various forms of abdominal derangements.

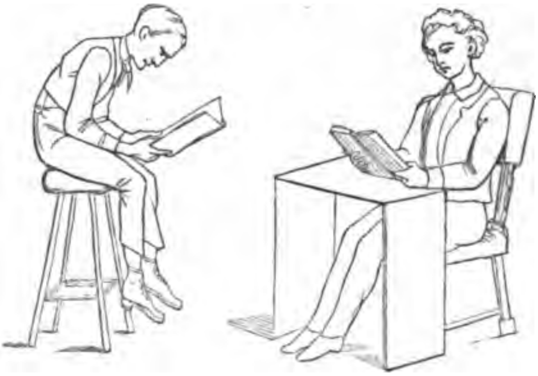


Fig. 30 and 31.

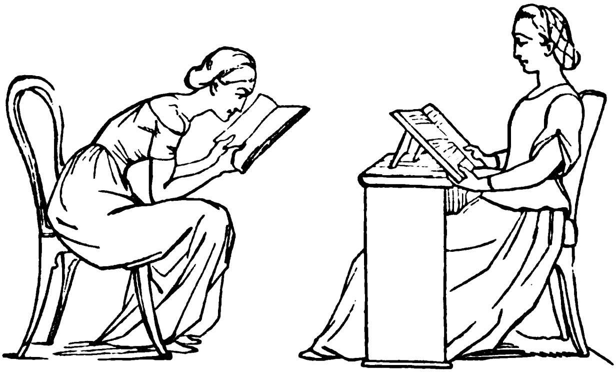
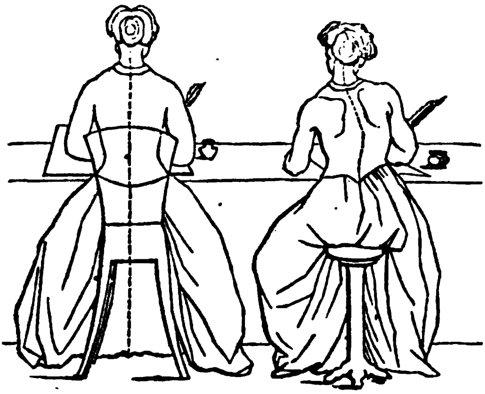


Fig. 32 and 33.

77. WRITING.

Boys and girls are constantly reminded to hold the paper on which they write straight before them; much attention is also paid to the position of the hand, and the mode of holding the pen, but the position of the body is not at all cared for, and no notice is taken whether the body is twisted to one, or bent to another side—whether one shoulder is higher than the other —whether the head leans to the left hand and turns to the right, &c. &c.



34 and 35. Writing.

There are many bad positions to be observed in every school. I have chosen only one of the most frequent, and not of the worst kind, to show its bad effects on the spine, and as it is the fashion in some schools to let the girls write for several hours a-day, as many lessons are done in writing, this will easily explain how the predisposition to spine curves can, and, I am sorry to say, is in a short time artificially produced. Slanting desks which support both forearms in their full length, that the weight of the upper part of the body should be equally distributed; a chair with a back, that the lumbar part of the spine may lean on it; a slightly oblique position of the paper, and shortening of the time for writing, are the principal means for preventing the bad effects.

78. DRAWING.

Drawing can be practised in a natural position without any injury to the body, as seen in *fig.* 37. The injurious effects of bad positions while drawing are similar to those mentioned in the preceding note on Writing. The great inclination of the body, not placing the object to be drawn or copied in front of the person drawing, add to the mischief of the position; the easel on which the girl in the bad position, *fig.* 36, leans should be discarded, and the person drawing should always be able to sit upright, and to lean. The hand and fingers should be taught to draw without additional movements of the arm, which movements are also often seen during writing.

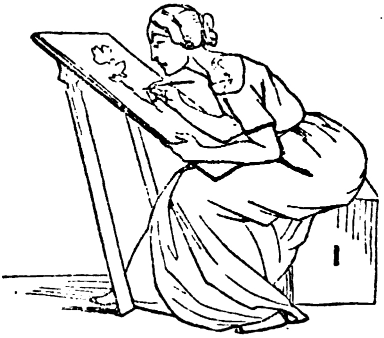


Fig. 36.

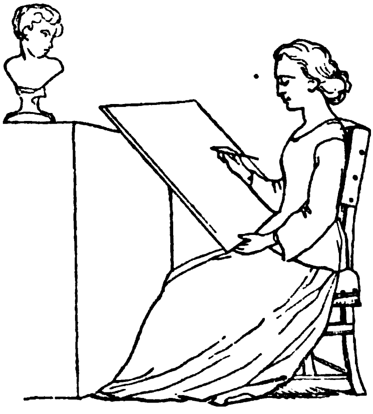


Fig. 37.

79. PRACTISING ON THE PIANO.

To play the piano is considered one of the most important parts of modern education for a girl in the higher classes, as well as in that part of the middle classes which ape those above them. It does not matter whether the young lady has any talent, wish, or ear for music, she must be able to play a tune; and for years, one, two, and in some cases even more hours, are daily devoted to obtain this indispensable accomplishment. It does not matter whether the young lady is constitutionally weak, anæmic, predisposed to curvature, to chest or other complaints; whether she has what is called a high shoulder or a high hip; whether she is short-sighted or has a pain in the neck;—all this is of no consequence: our young lady must practise the piano, and must do it only on a round music-stool, which can be screwed higher or lower, and consequently is not very firm. *Fig.* 38 illustrates one of the favourite positions in which the predisposition of the tightly dressed or laced young lady to any of the ailments I have named is soon and successfully developed, if it did not previously exist. If the tenth part of the time and attention bestowed on music were directed to an elementary knowledge of the most simple sanitary rules, and to the rational physical development of our girls, they would enjoy much better health; we should hear much less of the many hysterical and uterine complaints at present so prevalent amongst the classes which are at the top of society, and they would still be able to play the piano nicely.

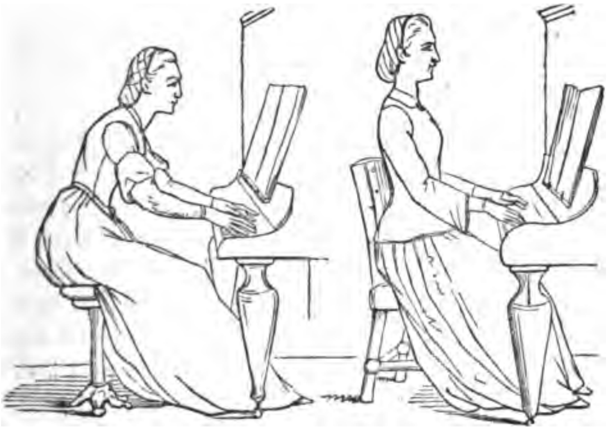


Fig. 38 and 39.

Fig. 39 shows that the body can be in a natural position, and that the back of the chair can, without any inconvenience, support the body beyond the small of the back, up to the lower part of the shoulders. I may add, that the movements required for practising on the piano are not at all interfered with, as I know by experience; and thus many of the injurious effects are prevented. Short-sighted persons will injure themselves much less by using spectacles.

I wish to guard against being considered an enemy to the most civilising of arts—music; my object is only to caution against its becoming the cause of many complaints, and against the very frequent fashion of forcing girls from eight, twelve or fourteen years of age to remain daily, for hours, in bad positions.

80. PLAYING THE HARP.

Too much practice on the harp, especially in a bad position, is also injurious. The harp should never be practised by those suffering from irritation of the spinal nerves or predisposed to spinal deformities, because the raising of the arms is thus constantly accompanied with raising of the shoulders. The pressure with the chest on the instrument should always be carefully guarded against. The remarks mentioned regarding the bad position while practising on the piano refer also to the harp. *Figs.* 40 and 41 illustrate a good and a bad position.

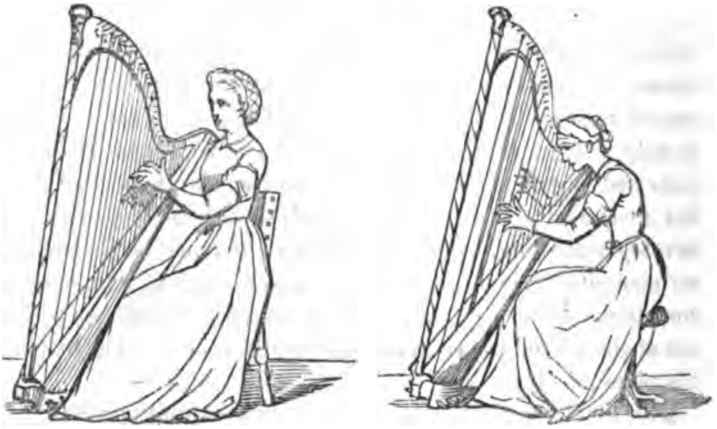


Fig. 40 and 41.

81. RIDING.

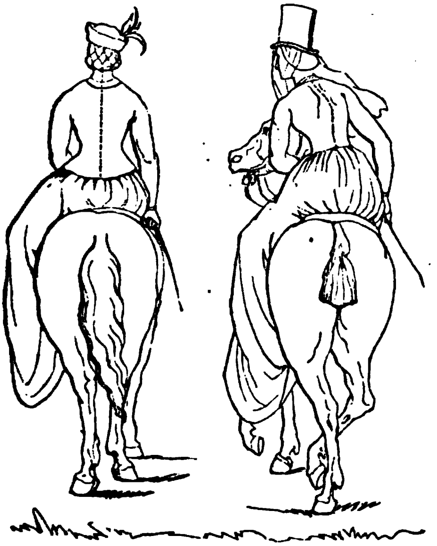


Fig. 42 and 43.

This healthy and good exercise is often the cause of lumbar curvatures, because very young girls, whose spine is not sufficiently strong to remain erect, are put on a horse, and without changing their position remain there for one to three hours. The older girls, tightly laced and dressed, are frequently seen in similar bad positions to that of the illustration. Girls under the age of eight years, and older ones predisposed to a spinal curve, should not ride; the older ones not remain more than half-an-hour, or an hour, on the horse. They should be taught to ride on both sides, and never have stays. If riding girdles are used (which are not necessary) they should not be tight. Loose jackets are always preferable to the tight riding gowns. The Spanish or Hungarian round hat, with holes for ventilation, which is carried on the whole upper surface of the head, is better than the chimney-pot hat which presses mostly on the forehead. The *fig.* 43 shows the influence of the bad position on the spine, and why exercise on horseback must be injurious to the spine, if girls are in any other position but that shown in fig. 42.

82. LYING POSITION.

Fig. 44 shows the curved position of the spine produced by using more than one pillow, which is sufficient to support the head, as shown in *Fig.* 45.

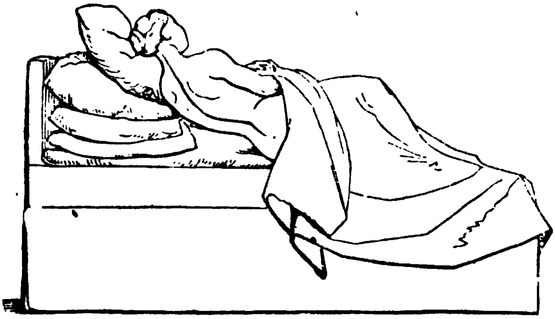


Fig. 44.

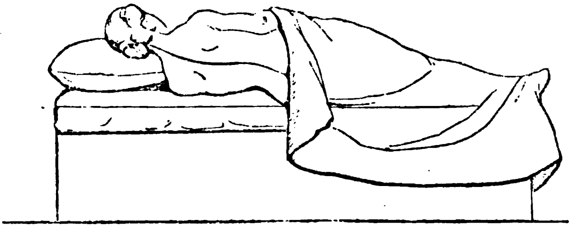


Fig 45.

Another lying position which is frequently assumed, especially in cold weather, is to crouch to such an extent that the knees almost touch the chin, while the shoulders are pulled up and brought forward, the spine very much curved in its longitudinal axis, with the convexity backwards, and the chest compressed: this position is generally chosen while the head is covered with the blanket, in order to warm the bed with the air which has been breathed out; this air, vitiated by carbonic gas, is again breathed, and not only languor in the morning, but an imperfect sanguification and circulation, with all their bad effects, is the consequence. The excuse for all this is, that the bed being so cold, the body must warm a larger part of it, if not in such a bad crouching position. Although no advocate for hot bottles, I prefer that the part of the bed where the cold feet are placed should be warmed before the patient goes to bed; this causes the legs and feet to be stretched out. Another and more rational way of preventing this bad position is to give one or two additional blankets, and to warm the feet by exercises before going to bed.

In consequence of an unfounded prejudice, people are prevented from sleeping on the back, which is the most resting position, especially when the legs do not cross each other, and when the arms are placed on both sides of the body, but not across the chest. A mattress slightly inclined, so that the part destined for the upper part of the body and head should be raised six to eight inches, is very comfortable for supporting the body in a lying position on the back, in which the respiratory functions go on with the greatest ease; only the head requires a pillow, which must not reach under the shoulder; feather underbeds and pillows should never be used; all parts of the bed should be daily aired, and the bed linen frequently changed.

83. THE CHAIR AND COUCH.

In the preventive and curative treatment of lateral curvatures, the patients make exercises of the head, arms, feet and legs, while in a lying position on a couch thus constructed, that it can serve as a reclining chair.

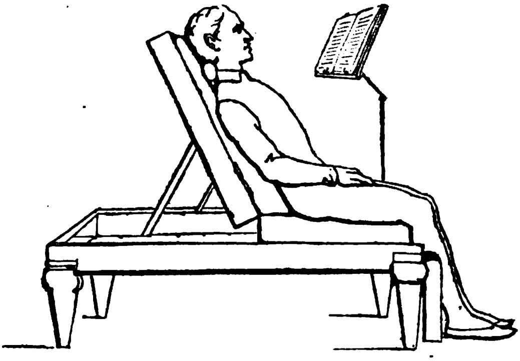
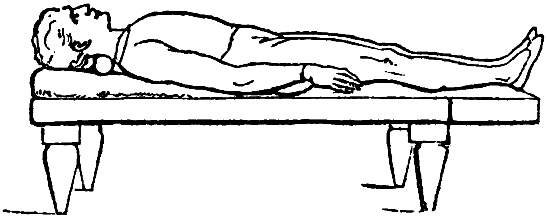


Fig. 46. Chair with reading desk.

The foregoing figure shews the construction of this chair: the middle part serves as a seat; the upper part can be more or less inclined, or placed horizontally, in the same manner as the flap, which serves as a support for the legs and feet; the whole couch is padded in order not to hurt the prominent shoulder blades or other parts of the body, which I have seen sometimes red and sore because the patients have been obliged to lie for hours either on the bare floor, or on the once very fashionable hard reclining board.

A pillow of the length and width of the upper part of the chair, and of a wedge-shape, is placed with the thick end, about three or four inches high, under the head, while the patient is lying, and thus the upper part of the body and the head are slightly raised, while the hollow of the neck is supported by a soft horsehair pillow, two inches in diameter and four to six inches in length; the wedge shaped pillow is placed with the thick end to the loins when the patient is sitting on the chair.



47. Chair used as a Couch.

84. SITTING.

Many scoliotic patients have a contracted chest, a stooping head, or tendency to fulness of the head or headache, and other symptoms, which prevent them from making use of the couch described and illustrated in § 83. In such cases the couch is changed into a chair with a reclining back; this back forms an oblique angle with the seat, which varies from 115° to 135° or 155°. An angle is chosen in the beginning, in which the patient does not feel any oppresion in the chest, or a choking sensation in the throat, frequently produced by placing the head accustomed to stoop into the natural position; it is desirable to make the patient so comfortable that he may be able to begin the respiratory exercises in the reclined position, which is intermediate between sitting and lying. *Fig.* 46 shows such a position in the chair; the small of the back or the loins should touch the wedgeshaped pillow, which is placed with the thick end down, as seen in the engraving, the easel or reading desk being moveable in all directions, prevents the patient from raising his shoulder while holding a book, and from bending the head forward while reading, and serves, also, as a writing desk or as a table. The foot board can, if required, be raised to the horizontal position to support the legs, which is desirable when patients complain (as is frequently the case in the beginning of treatment) of a dragging sensation in the loins; a leather or other strap can be fastened on the top on both sides of the back of the chair, and being provided with a buckle, like the arms of an armchair, serves for the support of the arms when the weak patient wishes to make use of his forearm and hands; these straps act like the arm slings in a carriage, and are very useful when the movements of the upper arms, or the holding of the arms in a certain position, produce pain or irritation in the spine. Having made an extensive use of these couch-chairs, with various modifications required by some cases of chronic diseases, and especially of spinal deformities, I am able to speak of the ease and comfort they afford to the patients, who, being tired of one position, can frequently change and still enjoy much rest; they also enable them to use their limbs with greater ease, while their spine is supported in a good and natural position by the chair. On this chair many passive, active, and so-called resistance movements can be carried out, so that the chair is useful during the preventive as well as curative treatment. Many patients also make use of this chair while writing, reading or drawing; they are thus prevented from placing themselves in bad positions during these occupations. This chair is also much cheaper than the very complicated spinal couches, and as no particular mechanism is required, every carpenter can make it.

85. BREATHING.

The importance of breathing exercises has not yet been sufficiently appreciated as a remedial agent in many chronic diseases, with irregular circulation, and inactivity of the majority of respiratory muscles, and which are constantly accompanied by *abdominal* breathing only.

In the majority of spinal curvatures the intercostal and other respiratory muscles are either partially or totally inactive, the form of the ribs more or less changed. In some cases there is on one or both sides of the stomach pit a depression of the ribs in the form of a longitudinal or circular scoop (concavity on the surface), or the interval between the ribs (the intercostal space) is in some parts very much diminished. In these and many other deformities the patient must be placed in a position suitable to the individual case before he does the various breathing exercises, which are not confined to the three elementary motions of each act of breathing, but are modified to a great extent, either by increasing the quantity or modifying the quality of each single motion.

In the positions, *fig.* 46 and 47, the patient is first taught to breathe very slow and deep, to control his breathing movements, to retain the air in the chest when this has been well filled, and to breathe out (to emit the air) very slowly by permitting only a small quantity of air to escape; the mouth being closed, the patient inhales through the nose, and breathes out (expires) by a very small opening between the lips, which is scarcely larger than when whistling: during these breathing exercises another person places the palms of both hands either on both sides of the lower part of the chest, or on the upper and anterior part, below the clavicles, or on any depressed part of the ribs, while the patient is encouraged to act or push by his deep breathing, and by filling his chest to its full extent, against the part on which the hand or fingers have been placed. The single parts of each breathing movement must not be done too long, so as to exhaust. To assist the patient, the exercise is done by the word of command, and the (inspiration) breathing-in is designated by *one*, the retaining of the air in the chest by *two*, and the breathing out by *three*. These three parts form the respiratory exercise, which is repeated only three or four times, but can be done several times in the course of the day. The filling the chest with air, or the retaining the air in the chest, must not be prolonged too much, because the veins in the head and face will become turgescent, and great flushing and heat produced in these parts. The too prolonged repetition of the breathing exercises is also bad, because it produces an aching in the frontal part of the head; this has been frequently observed among soldiers when trying to light their camp fires by repeated and frequent blowing on the fire: anyone who continues for some time this blowing exercise will soon feel a heaviness in the forehead.

The Cong-fu, a Chinese mode of treatment for many chronic complaints, consists essentially in the application of the modified breathing exercises, performed in various positions suitable to the individual case; the followers of Tao-se prepare the patients by a particular diet for the treatment, and combine many religious ceremonies with the process.*

A FEW MORE WORDS ABOUT THE DOSE.

By Dr. Henry R. Madden.

(*Read before the British Homœopathic Society*).

It is now thirteen years since there was published an admirable paper, in the *British Journal of Homœopathy*, entitled, "The dose critically investigated;" and this was followed during the next year by an equally valuable one, by Dr. Black, on "Posology." After such a lapse of time, it may be well worth our while to recall what was written in 1848-9, and comparing it with the opinion and practice now prevalent, to ascertain what progress has been made towards the elucidation of this most difficult, but yet important point.

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* In the *Memoire concernant les Chinois, par les Missionaires de Peking* (Paris, 1779), in the chapter "du Cong-fu des Bonces Tao-se," an extract from which I have published in *Rothstein's Athenæum fur Rational Gymnastics* (Vol. II., Berlin, 1855), more details on this subject will be found. Dally, in his *Cyneology* (Paris, 1857), has also reprinted the chapter on the Cong-fu, with a copy of the twenty positions contained in the original, which serve only as a specimen of the thousands of positions in which the respiratory exercises are performed.

A few years ago Dr. Neumann, in Berlin, published "*die Athmungs-Kunst*," The Art of Breathing, adapted to the treatment of diseases.

The first impression on reperusing these papers is, that they might have been written yesterday, and that they faithfully depict the present state both of opinion and practice; and it calls up sad and discouraging thoughts when one reflects that more than ten years have been spent by us in active practice, and the number of labourers in the field has more than doubled, and yet this knotty point appears as involved as ever.

It is, doubtless, true, that the tendency to give larger doses, to which the author of the article in the *British Journal of Homœopathy* refers, has gone on increasing, and that many practitioners who formerly adhered strictly to globules and high potencies, now give tinctures and preparations not far removed from the crude article; nevertheless, but little real progress has been made towards the unravelling of the mystery, and most practitioners have contented themselves with asserting that the question of the dose must for ever remain a matter to be decided solely by personal experience.

It cannot be denied that this is a most unscientific conclusion to arrive at, and it is surely our duty from time to time to re-examine the whole subject, and endeavour if possible to find some clue by which the question may be simplified.

In 1850 I published two articles on the "Different modes of action of remedies;" and in 1853 I wrote a few remarks on "Infinitesimals;" I should now wish to add a few more words about the dose, founded on the experience and observation of the last eight years.

Let us first endeavour to ascertain how it happens that the question of the dose is so very difficult of solution.

Some of the difficulties of the subject are acknowledged by all, viz., the complex and obscure relation between drug medication and cure, which makes it no easy matter at any time to establish with absolute certainty the relation of cause and effect between the treatment and its result.

Numerous causes besides the medicine administered may aid and abet the recovery of the patient, and hence it is at no time safe to ground opinions upon single observations. It is only by examining the results of very numerous cases that one can arrive at any safe conclusion, and it is always very difficult to obtain a sufficient number of cases so similar to one another that they will admit of strict comparison.

In addition to all this, however, it seems to me that the whole question has been rendered more hopelessly complicated by the non-recognition of a very important fact, and it is to this point that I am most anxious to direct attention.

In my papers on the different modes of action of remedies, I was at some pains to explain that there were at least two kinds of vital action elicited by the administration of drugs, these I distinguished by the titles of "crude" and "refined," or "Genico-dynamic" and "Idio-dynamic;" and I defined the genico-dynamic, or crude actions, to be those which depended more or less absolutely upon the quantity of the drug administered; whereas the refined, or idio-dynamic actions were essentially connected with the *quality* of the medicine, and in many cases remarkably little dependent upon mere *quantity*. I further stated that allopathists looked chiefly to the crude actions of drugs, and knew little or nothing of their more refined influences. More extensive observation has convinced me that a further sub-division of the action of medicines is needed for the purpose of fully understanding the question of the dose, and I believe it is to the recognition of this fact that we must look for help in solving this much vexed question.

Are the same properties of a medicine called into action, whether it is administered in large or small doses?—Undoubtedly not.

In large doses, a distinct chemical or mechanical effect may be produced, which has no existence when only very minute quantities are exhibited. But setting aside the chemical or the mechanical effects of mere quantity, is there not a still further distinction necessary to be made in the action of drugs upon the living organism?—Assuredly; and this distinction is so important that the results obtained from large and small doses of the same drug, administered in similar cases, do not admit of a fair comparison. In other words, the practitioner who gives small appreciable doses, and the one who administers an infinitesimal quantity, in many instances, evoke totally distinct properties of the remedy, and hence the results of the two doses do not admit of a fair comparison—in other words, there is not only a marked difference between the effects produced by large doses and by fractions of a grain; but in many instances the low and high potencies of the same remedy differ sufficiently in their action, that in a given case they cannot be substituted the one for the other. I am very anxious to make myself clearly understood in this particular, and hence I will endeavour to demonstrate it from different points of view.

In the treatment of constipation, how remarkably different are the results of the very same remedy, at different times and in different patients. For instance, we have all met with cases suitable for *nux vomica,* where it has proved efficacious at almost every potency, and it is from cases such as these that practitioners have concluded that the question of the dose may be safely left to each one's experience and predilections. I have no doubt, however, but that many of my brethren have had cases such as the following:—A patient presents himself, with symptoms strongly indicating *nux vomica,* and you give the 3rd decimal dilution; at his next visit, he tells you that his bowels are more constipated than ever. If you belong to the low-dilution school you increase the dose, and give *nux vomica* 1. This, however, only makes matters worse, and great difficulty is experienced in getting any action at all without the use of aperients. Disappointed with the negative result of the treatment the patient consults another homœopath, who gives a few globules of *nux vomica* 12, or *nux vomica* 30, and the difficulty at once vanishes; or the exact converse to this may occur—the patient first taking the higher dilutions without any effect, and being at once benefited by the low potencies.

These cases are sufficiently common to become very perplexing, and for this very reason afford an excellent field in which to examine practically the question of the dose. I must admit that, until recently, I have been very much puzzled by such instances; the results were apparently so contradictory that any explanation seemed altogether beyond our reach. I have known a patient take low dilutions of six or eight well chosen remedies without the least effect, and yet be at once relieved by one of these same medicines in a higher potency, and this was peculiarly perplexing to me, since the *general* result of my experience has led me more and more to prefer larger doses to infinitesimals in the treatment of most diseases. After a while, however, the high dilutions will sometimes fail, and then a low potency of the very same remedy will at once prove useful. Quite recently I had a case of this kind, where *nux vomica* 1 and *nux vomica* 3 failed, and relief was obtained, after trying in vain several other remedies, by *nux vomica* 12. The bowels then continued regular for some time, and Nux vomica was discontinued to give place to other remedies for other symptoms. After some weeks, however, constipation returned, when *nux vomica* 12 had no effect whatever, while *nux vomica*, 3rd dec., at once afforded relief!

How is this to be explained? or rather will not the explanation of these contradictory results throw some light upon the whole question of the dose?

The author of the paper above referred to, makes the following very important remarks:—

"It is not necessary here to go fully into a consideration of the Brunonian system, but it is perfectly in accordance with all sound physiology to assume that no medicinal, nor in fact any positive agent, can act on the organism without there being present in the latter a susceptibility to be acted on. It is likewise admissible that there exist in the organism many modifications of susceptibility or irritability, which may be denominated special, in addition to the general irritability. The latter always present, and placed in relation to the ordinary stimuli gives rise to no special phenomena other than those of life, and when placed similarly to medicinal agents developes phenomena of a general character. The former, however, do not always exist in the organism; and when they do, are capable of exhaustion, sometimes of complete destruction, without injury to the integrity of the organism, and these, when present, are those which are acted on by the specific properties of the medicines applied.

"The general irritability is capable of diminution, but not of complete exhaustion. As an example of the type of this action we may take heat and electricity and alcohol; for, although the susceptibility to the action of these stimuli may be lessened, yet it cannot cease to exist without implying the destruction of the integrity of the organism. In this class the quantity of the stimulus has a direct and positive influence in regulating the amount of action.

"On the other hand, the specific susceptibility may be completely destroyed without any injury to the system at large; of this, again, we may take as an example the action of variolous poison, which, when the susceptibility is not present, has no action; and when it is, it produces that series of phenomena named small-pox, which once produced cannot again be developed. In this class the quantity of the stimulus bears no apparent relation to the amount of action.

"As homœopathic remedies, as well as all other agents, come under one or other of these heads, it would be desirable if we could draw the line between those which act on the general, and those which act on the special susceptibilities; yet this is found to be impossible, and we must content ourselves with an approximation to the truth, and admit that some certainly tend to arrange themselves on one side or other in a manner sufficiently obvious to warrant us making a practical division of those into two classes.

"As examples of the first, we may notice the production of vomiting by ipecacuan, inflammation of the stomach by arsenic, salivation by mercury, inflammation of the urinary organs by cantharides, dysentery by sublimate, evacuation of the rectum by aloes; in these instances, it is obvious that these effects will always be produced in an organism in a state of integrity, provided a sufficient quantity of the exciting cause be applied.

"In as far, then, as medicines approach this class, we have the direct control of the intensity of the action by simply increasing or diminishing the amount of the dose.

"In the second class we have probably no perfect example among medicinal bodies; but, in a general way, it may be said that most of the finer shades of symptoms approach that, and almost all those afforded by the doses of medicine, in otherwise insensible quantities, proved on the healthy organism. Some of these medicines, in fact, from their insolubility we only know in this manner—such as silica, carbo, &c., which have been proved from very minute quantities; and in the provings of these, it is worthy of notice that the susceptibility in the healthy individual is sometimes completely absent, as has been noticed by Wurmb, who took Lycopodium in all conceivable modes without the production of any effects whatever, as, of course, it is only when this susceptibility is present that such symptoms are obvious."

I wish particularly to call attention to what the author says about provings with very minute quantities. He here refers to the case of Dr. Wurmb, who experienced no effect from Lycopodium, in any dose large or small. It seems to me to have been too much taken for granted, that where the diseased organism presents a certain set of symptoms, *the special irritability* connected therewith must be so exalted that the system in such a case would *of necessity* respond to a remedy capable of producing symptoms of a precisely similar character—for example, if Dr. Wurmb, in sickness, had a series of symptoms accurately corresponding with *lycopodium*, that this remedy would of necessity cure him. Is this necessarily the case? Is it essential to the truth of the homœopathic law that Lycopodium should cure him? I think not. The non-effect of all potencies of Lycopodium upon him may have been simply an idiosyncrasy, and if so, the peculiarity may embrace the curative as well as the pathogenetic effects of the remedy. Once we admit the existence of *special* in contra-distinction to *general* irritability, we must be prepared to meet with peculiar and exceptional manifestations of this which will, to a greater or less degree, influence the action of medicines.

But far more important than the existence of any peculiar idiosyncrasies is the fact that *these special irritabilities are capable of apparent exhaustion.* The author of the paper so often alluded to, for example, remarks,—

"Another analogy may be noticed between the remedies of this class and the disease we have chosen as the type of the class—it is this, that they seem capable of exhausting, for a time at least, the susceptibility to some of their actions. This is evidenced by the fact that in the provings with the higher dilutions many of the finer symptoms were obtained but once by each of the provers, and could not be reproduced in the same individual by a repetition of the dose, at least, not till after the lapse of a long period of time. This has been particularly noticed by Dr. Helbig as not peculiar to the high dilutions, but occurring also with the undiluted tinctures of several medicines which have a small and characteristic sphere of specific action; and he lays it down as a rule, that 'whenever a medicine displays all at once a very marked action then its repetition is of no use, for it has already exhausted its whole power and done all that it is capable of effecting.' In support of this he also quotes two observations from allopathic authorities, which are interesting—'The human organism has only a limited degree of receptivity for most medicines, and when this is once saturated the superabundant quantity is inert ballast. It is the greatest error to believe that the action of a medicine increases in the ratio of its quantity.'—*Pfaff.*

" 'More especially those medicines often lose their power soonest which all at once act too strongly. We can, therefore, almost put more confidence in those medicines which act slowly, than in those which display their effects almost instantly.' "—*Testa.*

Now, if this holds true of both the pathogenetic and the curative effects of drugs, is it not possible that other pathogenetic causes besides drugs may produce the same effect, and that in this way we may explain the ever varying manifestations in many chronic diseases? We have only to suppose that the one operating cause exhausts the special irritability of a certain organ after a given time, and that in consequence a certain set of symptoms cease, which are at once followed by disease in some other organ, whose special irritability responds in its turn to the morbific cause. Thus, we constantly see the skin, the mucous membrane, and the nervous system alternately taking up an irritation, and manifesting symptoms of disease all distinctly traceable to one cause. An eruption recovers to give place to diarrhœa, and on the cessation of the latter some violent neuralgia sets in. Now, surely it would not go to disprove the truth of the homœopathic law, if a remedy which exactly corresponded with such a case of neuralgia failed to cure it! On the contrary, would it not be requisite, ere the perfect *simile* could be applied, that a remedy should be found corresponding not only to the neuralgia, but likewise to the diarrhœa and the skin disease? and yet, in the absence of two out of the three manifestations, how are we to obtain the requisite knowledge of their special peculiarities to fix accurately upon their homœopathic remedy? Thus, both an idiosyncrasy on the part of the patient, or an undiscoverable complicity in the development of a disease, may render a remedy, well chosen according to symptomatology, futile in the treatment of disease. But if this is true of certain cases in reference to a given medicine, may it not also hold good in reference to a given dose? May not the special irritability which responded to *nux vomica* 12 be exhausted, and yet a dose of *nux vomica* 3 or 1 produce an effect? and *vice versa?*

This at once opens out a new field of enquiry, and one whose cultivation has been far too much neglected. It has long been recognized that the effects of different doses are not merely varieties in degree and intensity, but frequently differ essentially from each other. All that has been written respecting *primary* and *secondary* actions might be referred to here, as it is supposed that small doses do not manifest any of the *primary* effects of the drugs, but allow *secondary actions* alone to make their appearance. Dr. Hering refers particularly to this in the following passage, in a paper written by him in Vol. 1 of the *Neues Archiv.*—"In the provings with low dilutions, especially with large tumultuously acting doses, there always appear in sensitive individuals, after the stormy primary symptoms, a series of symptoms which gradually diminish in number, *i.e.*, in extent, and slowly disappear. Sometimes a few symptoms continued very long and re-appeared under certain circumstances for weeks and months. This occurred especially when the drug was taken in repeated doses. The so-called alternating actions frequently occurred during the first days of the proving, but sometimes also they continued until the very last. On comparing the symptoms of the first and last days there was a most perceptible difference, although the very different symptoms gradually merged into each other. The symptoms of the first and last days were often in a so-called opposition—contained something that might be termed opposite—that is stood in the relation to each other of alternating symptoms. In proving the higher potencies, this difference was not perceptible; alternating actions, indeed, appeared; the symptoms also of the first days were more numerous, and then decreased in number or extent. Repetition impressed them more in the system, and they were thus rendered more persistent; but there was not the alternating action betwixt the first and last days. Lower dilutions brought out two kinds of symptoms, higher chiefly one kind. All the symptoms which occur in proving the higher potencies are identical with the secondary action of the lower, or so-called stronger doses, but not with the primary actions of these. Lower dilutions furnish in the last days what higher furnish immediately."

There is, unfortunately, a good deal of confusion about the acceptation of these terms, *primary* and *secondary*, as applied to the action of remedies; some understanding by *primary*, the crude effects of massive doses, whereas others interpret them more properly as referring entirely to the sequence of the pathogenetic phenomena. Dr. E. M. Hale, of Jonesville, Mich., has just published an excellent paper on the Dose, in the *North American Journal*, in which he says—" 1st. All medical agents have two series of effects upon the human system; they produce two series of symptoms, or pathological states, the *primary* and the *secondary*. 2nd. All diseases in their progress and development show two series of symptoms, or pathological states, the *primary* and the *secondary*. 3rd. In every case of disease we must select a remedy whose primary and secondary symptoms correspond with those of the malady to be treated. 4th. If the primary symptoms of a disease are present, and we are combating them with a remedy whose primary symptoms are similar, we must make the dose the smallest compatible with reason; and if we are treating the secondary symptoms of a malady with a remedy whose secondary symptoms correspond, *we must use as large a dose as we can with safety.*"

As regards the treatment of acute diseases, I believe Dr. Hale's rule to hold good, and with very much that he says in his paper I most fully concur; but I cannot see that it is in any way applicable to *chronic diseases.* We may at once set aside as arbitrary the division of morbid phenomena into *two* classes, primary and secondary, as in point of fact three or more classes may just as often be distinguished, and we must conclude that all which the formula expresses is that a regular sequence of phenomena manifests itself in all diseases, whether occurring naturally or produced by drugs, and that the perfect *simile* must embrace the order of sequence, as well as the actual symptoms present. Now, in chronic cases we have the ultimate consequence of disease, and we treat these by the ultimate results of drug provings, for it will be found that the phenomena of pathogenesis which correspond most closely with the symptoms of chronic diseases are those which resulted from *the continued use of the medicine,* and yet experience speaks much more in favour of small doses in these cases than in acute diseases, indeed, many practitioners fall into the way of treating, as a rule, all chronic diseases with the higher potencies, and use the low dilutions only in acute disease. We must, therefore, look in some other direction for a guide to the selection of the dose.

The remarkable discovery made by Hahnemann, that certain specific effects of medicines are so independent of quantity that they may be produced by any amount, however infinitesimally small, has had the effect of leading many persons to disconnect entirely the quantity and the curative power, and to conclude most unphilosophically that the dose in homœopathic treatment may be one and the same for all medicines. I perfectly concur with Dr. E. M. Hale when he says, "That the adoption of any uniform dose of all remedies in all maladies is pernicious and wrong—that it is unscientific and irrational, and not reliable in practice;" and on the contrary, I believe that experience proves to us that our doses must vary according to the effects we desire to produce, according to the nature of the malady we have to deal with, and according to the responsive power of the patient we have to treat.

While I do not think that any rule has yet been discovered which is universally applicable to the selection of the dose, I think that much help may be obtained by remembering the following particulars:—

1. The peculiar and specific actions of drugs, to which alone the homœopathist can apply his law *similia similibus curentur*, are distinguished into *crude* and *refined*, and according to this same distinction must be the regulation of the dose. On this point the writer of the article in the *British Journal* has some most important observations. He says, "We are in the habit, when arguing with allopaths on the merits of homœopathy, of telling them that the use of nearly all their best medicines is in reality homœopathic. If so, why do we not to a greater extent at least make use of their thousand-fold greater experience in the matter of the benefit, or safety at least, of administering appreciable quantities of medicines common to both of us? Are we to content ourselves with saying that the whole of allopathic experience is to be of *no* farther service to us than to prove collaterally the truth of the homœopathic principle? That truth, as homœopathists, we know already, and desire no such additional proof; but if, besides that, the allopath's experience teaches us anything, we are losing a valuable part of Hahnemann's discovery. We know that the homœopathic law applies to the actions of medicine only, and is quite independent of the question of dose; *and if the fact of the action of infinitesimal doses had never been discovered, there would still have been a homœopathy*, and its province would then have been only to regulate and define with more precision those cases in which homœopathic cures are possible with the doses usually employed by allopaths. It is true the whole circle of therapeutics has gained immensely by the discovery of the infinitesimal dose and dynamization, yet that is no reason why we are to lose sight of that part of homœopathy to which these do not apply. If we confine ourselves exclusively to those cases in which the infinitesimal dose is an essential part, and which are exclusively within the

domain of homœopathy, we fail in carrying out to its full extent the operation of the homœopathic law, and if, in any case, we find allopaths more successful than we are in the homœopathic use of a medicine, though unwittingly, then we have a strong presumption in favour of their dose, and we must accept their evidence in favour of it. True and faithful observations on this point are of as much, if not more, value to us in the hands of an allopath as a homœopath, and ought to possess as much weight with us in respect to medicines which are in reality homœopathic by whomsoever they may be exhibited. Now we happen to be precisely in this predicament in respect to some of our medicines—that is to say, there are some medicines which are used with great success by allopaths in certain cases, and in arguing with them we say, that is easily explained, because they are in reality homœopathic; but on turning to the homœopathic practice, we do not find these remedies playing at all the important part we would expect, from their undeniable utility (still as homœopathic remedies) in the hands of allopaths. Have we not reason to suppose this must be the fault of the dose, and extending the infinitesimal dilution to cases in which it is not applicable? As instances, we may notice the action of opium in certain forms and stages of delirium tremens; wine and spirits in the same; opium and alum in lead colic; mercury and hydriodate of potash in syphilis; colchicum in some forms of rheumatism; tartar emetic in pneumonia; iodine in bronchocele; iron in chlorosis and chronic catarrhs; secale in uterine and other hæmorrhages.

"Now, though experience has shown that allopaths very often, by too lage doses, complicated and disturbed their homœopathic cures by the production of aggravations and collateral physiological symptoms, yet it likewise tells us that in many cases we may approach much nearer the point of aggravation with less risk to the patient than that which is incurred by excessive weakening by dilution of the coarser action of the remedies. This, of course, applies to the first class of cases, in which dynamization is not sought for nor required."

I think it may be safely laid down as a general rule, that the specific actions known to our allopathic brethren are all of the *crude* type, and the great probability is, that they are to a great extent dependent upon quantity, and would be modified, or lost, if the remedies were given in infinitesimal doses. For example, what homœopathist, who has made use of low dilutions at all, has not found that good effects may often be obtained from comparatively large doses of China, Ferrum, Iodide of potassium, &c., in cases where the high dilutions of the same remedies proved totally inefficacious?

In arguing the question of the dose, it seems to be forgotten that the same set of symptoms will often yield to several different medicines, and as it frequently happens that the *refined* specific effects of one medicine may correspond to the *crude* effects of another, a case may easily occur which will yield equally well to high dilutions of the one, or a massive dose of the other; but it is manifestly unfair to produce such a case as a test of the comparative value of high and low potencies. For example, many cases of debility and loss of appetite will yield equally well to *calcarea* 12 and *China* Φ; but this does not affect the question; and if, in such a case, *China* 3 or 6 should prove ineffectual, while *China* Φ did good, we are bound to accept it as a fact in favour of the larger dose. Neither is it at all fair to say that the cure by *calcarea* 12 is more purely homœopathic than that effected by *China* φ; doubtless, the latter approaches nearer to allopathic treatment, in so far that many allopaths would prescribe the same remedy, but still the effect is a purely homœopathic one, and has no relation whatever to the true allopathic principle.

We must carefully remember that those who administer the very low dilutions appeal to the *crude specific* actions of the drug, whereas those who give the high potencies trust entirely to the *refined actions*, which are to a great extent independent of quantity. Both equally trust to the homœopathic law in selecting their remedies, but experience has led them in opposite directions as to *the class of effects* upon which they can rest with confidence for the cure of their patients. It is a mistake to suppose that they generally use the same medicines. They only do so when the action required chances to be one of those capable of development by all doses. As a rule, you will find that those who trust to large doses employ very different remedies from those who treat their patients with infinitesimal quantities. This is a point of great importance, and much too often overlooked when arguing the question of the dose.

Whether the *refined specific actions* are more deeply and thoroughly curative than the *crude specific effects* remains to be proved, as we have as yet no well-selected series of cases for comparison. But even should it be so, the much greater difficulty of selecting the true simile among the *refined actions*, and the far greater probability of these actions being interfered with by disturbing causes,* will give a balance in favour of the *crude specific actions* in all cases where a true simile can be found among them for the malady which it is required to cure.

Enough, however, has been said and written of late respecting large doses and low dilutions, and I think we should especially do well to avoid falling into the opposite error from that of the high dilutionists, and trusting too exclusively to the cruder effects of our drugs; and here again I would quote from the article in the *Journal* before alluded to—"It would, however, be a great mistake to suppose (and into this error, we think, Schmidt and some others have fallen) that a sort of precisionized allopathy is the whole of homœopathy * * * * We hold, on the contrary, that through homœopathy a vast addition is made to the powers of the healing art, and this by the finer and most specific properties of the medicines, which can only be revealed and obtained by the infinitesimal doses." In this I fully concur, and I have of late met with several cases which exemplified this in a marked manner. For instance, I had a case quite recently of general debility and loss of appetite without any other marked symptom, and one so exactly resembling those in which China proves useful that I at once prescribed it; but without effect, although the dose was sufficiently large. I then ordered *calcarea phosphatica* 3, with immediate and marked benefit, which continued steadily to increase under *calcarea* 5. I have also seen cases improve at once under

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* Vide my paper "On Infinitesimals," *British Journal of Homœopathy*, Vol. IX.

sulphur 30 which were perfectly stationary under other remedies apparently equally well-chosen and administered in low dilutions. I believe, therefore, that to give our patients the full benefit of the homœopathic law we must not restrict ourselves to any limited range of dose, but be quite prepared to give high dilutions in some, and low potencies or small portions of the crude article in others. Much can be said in favour of both modes of practice, and both may be followed with equally rigid adherence to the homœopathic law.

In conversing with Professor Henderson as to the reason why infinitesimal doses of Nux vomica will sometimes cure constipation, when the third or lower dilutions increase the inaction of the bowels, he directed my attention to the experiments of Mr. J. Lister, on Inhibitory Influence, from which *he* has drawn the following conclusion, viz., that "it may be regarded as a fundamental rule not yet explained that *one* and the same afferent nerve may, according as it is operating, mildly or energetically, either exalt or depress the function of the nervous centre on which it acts." Dr. Henderson thinks, that in accordance with this rule the larger dose of Nux vomica may stimulate the nerves too energetically, and cause a depression of function where a very minute dose would have exalted its activity, and thus regulated the alvine excretions. This appears to me a fact of much importance, when viewed in connection with what has been already advanced respecting the exhaustion of special irritabilities. It seems to me more than probable that what appears an exhaustion of these irritabilities may be in reality due to inhibitory influence, and if so, it can be avoided by a proper regulation of the dose.

Before concluding, let me tabulate the various rules which have occurred to me as likely to be useful for our guidance in the selection of the dose.

1. Medicines which have proved specific in the hands of allopathic practitioners will, in all probability, require to be given in moderately crude forms to develope their curative virtues.

2. Medicines which, in their crude state, are nearly if not quite inert, will require to be given in moderately high dilutions to insure their action.

3. Where the sequence of action of a medicine is well known, the rule laid down by Dr. E. M. Hale will probably prove useful in acute diseases—viz., to give minute doses when combating primary symptoms of disease by primary actions of medicine, and large doses when the secondary effects of the disease are already developed; as, for example, minute doses of Aconite in the *cold* stage of fever, and *large* doses in the hot stage.

4. When the symptoms of a disease minutely correspond with the symptoms produced by the more refined actions of the drug, then minute doses will be most likely to effect a cure.

5. When palliatives are likely to be required during the course of the treatment, and when the circumstances of the patient are likely to interfere with the refined action of medicines, low dilutions are the most likely to afford relief, as being less liable to be interfered with by other medicinal influences. (N.B.—This is the only way in which we can explain the good effects of homœopathic remedies when administered in the complex prescription of the allopaths.)

6. In chronic diseases, where the crude effects of drugs have been long and vainly appealed to for relief, we may conclude that the inhibitory influence against such actions has been fully developed, and in such cases minute and infinitesimal doses are more likely to excite a healthy reaction than the lower potencies.

I am afraid that, after all, I have not added much to our knowledge of this most vexed question; but if I have succeeded in precisionizing the views which are afloat amongst us, and in directing attention to some few rules to guide our future observations, we may hope that further experience will lead to more definite conclusions.

ON A CASE OF DYSENTERY CAUSED BY LARGE DOSES OF IRON.

By Alfred Markwick, L.R.C.P.E. and F.R.C.S.

The great *questio vexata* among homœopaths at the present day is that of the dose. It is not my intention to enter into any discussion of the subject, but merely to record an instance where large doses of a powerful medicine produced serious consequences. I am quite aware that it involves no sacrifice of the homœopathic principle, "*similia similibus curantur*," whether we administer large doses or small, mother tinctures or attenuations, inasmuch as it is quite possible to fully carry out the law of similars with either one or the other, and thus disprove the popular notion that homœopathy consists in infinitesimals, the efficacy of which many will not believe in; still I am fully convinced that the *indiscriminate* administration of large doses is both unsafe and illogical—unsafe because, being capable of producing similar ailments in a healthy individual, they must, in a great majority of cases, produce considerable aggravation of the symptoms, and thereby frequently jeopardise the life of the patient; illogical because, by this very aggravation, they prevent the speedy and perfect restoration to health, and are thus opposed to all sound, rational therapeutics, which have for their object the alleviation and removal, and not the increase of the patient's sufferings. The maxim, "*cito, tuto et jucunde*," should always be borne in mind in the treatment of disease, and he will be a prudent practitioner who makes this maxim his guide in the selection of the dose he prescribes in every case that comes before him.

These observations have been suggested by a case which came under my care some time ago; it is that of a lady who had been for a long time in a very weak, delicate state of health, the digestive organs being very much out of order, and the bowels habitually constipated. She had been under homœopathic treatment for some weeks previously to my seeing her. This treatment consisted, as I was informed, of 5 drops, three times a day, of a very bitter tincture, said to have been Quinine, persevered with for some time, and then changed to 5 drops, three times a day of a very strong tincture of iron, having a powerful inky taste. After taking this medicine a few days, a train of symptoms set in which created so much alarm as to induce the husband to request my immediate attendance. On arrival I found the patient exceedingly weak, with an anxious, feverish countenance; a quick small pulse, 120; skin hot and disposed to be clammy, and complaining of great pain along the whole length of the colon; much increased by pressure and any movement of the body. She had had diarrhœa for the two previous days, which last night assumed a decidedly dysenteric character, the bowels having been repeatedly moved, with considerable pain and tenesmus; the evacuations consisting entirely of blood and membranous shreds. She had no appetite, and was rather thirsty; the tongue very coated, and the urine rather scanty. Her head ached and she was much depressed in spirits. I ordered her farinaceous diet to be made principally of bread, jelly, and milk and rice water to drink, and to take Merc. cor. 3, 1 drop in three tablespoonfuls of water. A tablespoonful every four hours.

Sept. 21st. She has passed several slimy sanguineous motions and with a good deal of tenesmus, but has rather less pain in the bowels on pressure. She has less fever, and the urine is rather more copious. Pulse 100.

Continue medicament.

22nd. Evacuations have been much less frequent and with less tenesmus; the last, however, contained numerous shreds of membrane and lumps of bloody mucus. She is, nevertheless, better; the pain on pressure is almost gone. Pulse 96.

Merc. sol. 5, ter die. Same diet.

23rd. Very much improved. No evacuation since last visit till this morning, which is firm, and free from slime and blood. She has no pain in the bowels; skin is cool; tongue cleaning; pulse slower and fuller. There is slight tenderness in the right hypochondrium, with increased dulness on percussion below the ribs. The appetite has returned; there is no thirst; and the urine is dark and more abundant.

Animal jelly as food; toast and water to drink.

Nux vom. 3, gt. ½, ter die.

25th. Feels very much better. There has been no relief from the bowels since last visit; still some tenderness in the right hypochondrium; complains of a slightly bitter taste in the mouth.

Bry. 3, gt. ½, ter die.

27th. Convalescent; bowels have acted comfortably and regularly; appetite good; is feeling stronger than she has done for some time past.

Usual diet. Sulph. $^3/_{12}$, every night for a week.

March 1st. This lady has continued in excellent health up to the present time.

MISCELLANEOUS.

Clinical Cases reported by Dr. Trinks, Dresden.

(*a*) *Disease of the Spinal Chord after Epidemic Diphtheria.*[*]

[B. B., the patient, was a lady, aged 20, who had suffered from diphtherite, in London. Her case is reported in No. LXXIV of this Journal.]

* * I first saw the patient, after her return from a residence in the country, on the 19th of October, 1859. She told me that debility of the feet became perceptible immediately after she got through the diptheria, and kept increasing from time to time. She was also struck, as soon as she quitted her bed for the first time, with a furry sensation in the soles and toes of both feet. She was unable to raise herself by her own strength from her seat on the sofa, but required the support of another, nor could she stand upright alone, but had to rest her hands on the table, or be propped up under the arms; so also, in attempting to move two steps forwards, she could not lift her feet, but pushed them on along the floor. After long sitting her feet became stiff and inflexible, and on each attempt to raise herself by her own exertions her knees bent under her. When sitting or lying down, she felt drawing pains in the flesh of the thigh and leg. During the last four weeks she had also experienced stiffness and awkward powerlessness of the hands and fingers, which were no longer in a condition to grasp and retain small objects, but let them fall again directly, nor could she any longer play the piano. She has frequent occasion to pass water, being unable to retain it as long as when she was in health.

A minute examination of all the cervical, dorsal, and lumbar vertebræ, and of the sacral region discovered nothing more than a curvature of the spine towards the left side, established in early youth; not not a single vertebra painful or prominent. Also, the patient had no painful symptom in the spinal canal or marrow of the dorsal or sacral region. She had become emaciated, but no wasting of the muscles of the neck, the back, or the upper or lower extremities, could be observed. The brain was free from all morbid symptoms; latterly it became difficult for her to hold up her head long. The sensation in her hands and feet had become more and more dull; the numbness, or furry sensation of the toes and soles of the feet specially troublesome, with which, also, a certain heaviness of the feet was associated. Minute physical examination of the organs of respiration and circulation and of the abdomen discovered nothing abnormal. The appetite, digestion, and stool were not deranged; the urine continued bright and clear, and was proved acid by testing. The monthly period occurred regularly (scanty and of short duration). Sleep often intercepted; not refreshing nor restorative. All these morbid symptoms, which manifested themselves in the spheres of sensation and motion of the upper and lower limbs, indicated some disorder of the spinal chord, which had developed itself subsequently to the diphtheria, and may well be considered as a sequela of it.

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[*] From the "Homöopathische Vierteljahrschrift," page 425.

We purposely pass over the unmeaning expression, spinal irritation, with which so much mischief have been done in practice; but we do not go so far as to lay down a precise differential diagnosis which, especially in spinal disease, can not be so easy to establish as one fancies, because the pathogenesy and pathology of these maladies is still eminently involved in a thick darkness, on which pathological anatomy has thrown no light. Even when, by post mortem examination, one finds gross material alterations of the coats of the spinal chord, and various kinds of exudation and effusion between the membranes and the nerve-substance, and then detects even all sorts of alterations of that substance itself, atrophy, wasting, softening, &c., and even then, these pathological conditions admit of no indubitable conclusion as to the primary nature of the disease; but between this and the terminal affection lie a series of morbid processes, all of which remain withdrawn from ocular demonstration, and which often go on developing for years before they terminate in destruction of the spinal chord. In this case no morbid or painful symptom of any kind was to be observed in its whole length from its exit at the foramen occipitale to its termination in the cauda equina; and the examination of the vertebræ detected no morbid condition in any one of them. The very trifling curvature to the left had existed from childhood, and could have exercised no sort of influence on the development of the malady, as is, among others, the case during the development of "Potts' disease." Even during the progress of the diphtheria and its sequelæ, the patient had experienced no pain, or otherwise abnormal sensation in the back or sacrum. Immediately on first leaving her bed she had observed weakness in her feet, and the numbness and furry feeling in the soles and toes. These symptoms, and especially the weakness in walking and standing, the instability and tottering of the feet, and the knocking of the knees, had supervened gradually in course of time, and became gradually aggravated, till at last the same conditions presented themselves in the fingers, hands, and forearms. Whence it appears that the disease had advanced progressively from below upwards, and we look for the seat of the morbid process in the two portions of the spinal chord itself, in which the sensorial as well as motorial functions were altered.

We carefully refrain from pronouncing positively whether the existing pathological process had already proceeded to a wasting of the substance. At any rate, all the symptoms indicated that it would have proceeded beyond the sphere of functional disorder into the province of diseased nutrition; for, as yet, there had occurred no arrest of the development and aggravation of the morbid symptoms, as seems to be the case in so many affections of the spinal chord.

In this instance, there was great reason to expect a further advance of the disease to atrophy or softening. * * * * *
The prognosis in this case could not be favourable. Here was an affection of the spinal chord, the nature of which could not be precisely ascertained from existing circumstances, but which, at any rate, already extended beyond functional disorder, and placed in very near prospect some alteration of the nervous substance, either in the way of wasting or softening. Moreover, since its first manifestation after recovering from diphtheria, it had spread over a period of nine months, and the symptoms had increased both in extent and intensity. It had advanced from the lower extremities to the peripheral terminations of the brachial plexus, and had also already seized that portion of the spinal chord from which that plexus originates. From the "curative powers of nature" there was so much less to be expected, inasmuch as the progressive extension of the disease

shut out any prospect of the occurrence of such aid. Here, art alone could avail, for the so-called "nature cures" must be set down amongst other rarities. Repeated favourable experience determined the choice of *cocculus*, which had already proved useful to me in several similar cases. I prescribed a simple but nourishing diet, and gave the patient three drops, morning and evening, of the 2nd decimal-dilution of the tincture on the 20th October. After taking this medicine for fourteen days, she noticed a decided diminution of the drawing pains in the lower limbs, and increased power on rising from her seat, and standing. Then the monthly period came on, which brought the progressive improvement to a stand-still. After this, the same medicines were taken again, and by the next month the amelioration had proceeded so far that she again began to attempt walking in the room, and kept gaining strength in the lower extremities. At the same time, her sleep became quiet; and with the commencement of a better appetite she became visibly stouter.

In the third month the sensation of numbness and furriness in the fingers, soles of the feet and toes, gradually disappeared; she could also resume manual employments, and began to play the piano again. Thus, within half a year, all the above-named morbid symptoms in the sensorial and motorial spheres of the upper and lower extremities were removed. At the commencement of spring she was so free from all those troubles that she could sit, stand, and walk as long as she liked, without feeling any weakness in her limbs, and she had become stout in person and robust. During the last three months she took the same medicine, only at longer and longer intervals.

(*b*) *Affections of the Spinal Chord.*

1. Mr. Pellmann, master tiler at Dösen, in the territory of Plauen, aged 46, strong built and of a good constitution, was often treated by me for rheumatic and gastric symptoms, and at last, in the spring of 1857, for inflammatory pains in the left lobe of the liver, which had remained with simple hypertrophy, after six weeks of allopathic treatment. By the use of homœopathic medicines these sufferings were very quickly removed. In autumn, the same year, he is said, on the report of his medical attendant (Rössig), to have been attacked with an affection of the spinal chord, which, however, also disappeared in a few weeks. In September, 1858, he fell ill, after

a previous chill and, probably, errors in diet, of diarrhœa, with vomiting, followed by *catarrhus gastro-intestinalis*, with a (secondary) affection of the brain, probably of a typhoid character. He took Ipec. with Acetate of morphia, then an emetic of Tart. Antim., and Ipec.; an emulsion of Oil of almonds, Opium, with tinc. Acid. aromat. Kali-saturation, M. Rhei. aq., with decoct. rad. Columb.; Elix. vitr. Mynsicht, with syrup of Orange peel.

In the beginning of October these affections of the mucous membrane of the alimentary canal were removed, the head was free again; but an affection of the spinal chord had developed itself, which, when I visited him for the first time, had taken the following form:—

The brain was perfectly free, mental power unimpaired; no vertigo, no weight or confusion of the head, no headache; the organs of sense intact. In the whole length of the spine, from the cervical vertebræ down to the sacrum, there was no pain present, even from strong pressure on each individual vertebra; no disease of the substance of any vertebræ; no pain in the medulla itself, neither heat nor cold nor any formication. On the other hand, all feeling was annihilated in the upper extremities as far as the elbows, and in the lower up to the *glutei*, and this took place progressively —first in the tips of the fingers and toes, then in the hands and soles of the feet, and so on. Complete anæsthesia of the nerves of sensation had set in. At the same time, the capacity for movement was lost; he could just grasp large objects with his fingers, but could not hold them fast. He could just sit on the bed, or a chair; but on attempting to stand his knees bent under him, and he had to be held upright. Walking, or stepping out with his feet, was quite impossible. In sitting, he could still move them a little, but could not keep them stretched out. The muscles of all the extremities had become flaccid, losing all firmness and tone; they were atrophied. The temperature of the limbs was that of the whole body, and not altered. The appetite was strong, the digestion unimpaired; stools occurred but seldom, and never without the aid of cold-water injections; urine bright and clear, with no strange smell, and exhibited acid on being tested, but passed very often because the sphincter of the bladder had lost its energy. He was obliged, especially at night, to satisfy the desire of urinating promptly, or else the water would pass from him involuntarily; excepting this interruption, his sleep was quiet. The above mentioned physician had pronounced this to be a case of tabes dorsalis, and had employed internally extr. spir. Nuc. vom., partly alone and partly in conjunction with extr. Gentian. and Sulph.; Chinin. and Pulv. fol. Rhus tox. externally, rubbing with Ungt. nervin. veratrin, Spir. serpylli, and Cantharides; also prescribing strong beer and strong red wine; and as no improvement was observed from the use of urtication, he had spoken of electricity as a means which might yet be of some use in this case.

As causes of this affection of the medulla spinalis, neither could excesses in *venere et baccho*, nor any other injurious tendencies be discovered to have acted directly upon it. Taking cold and errors of diet may surely have excited the catarrh, but could hardly have caused such a severe disease as that before us. Scarcely either can the previous catarrh, unless there had been a typhoid process, have produced an indirect *causation*. There could only be ascribed to it, at most, an indirect *influence*; for I have often had an opportunity of observing that, after disturbance of the abdominal functions (with or without fever), and also after typhus, affections of the spinal chord develope themselves in a way that one could not have conjectured, No inflammatory ailment either of the medulla, or of its membranous sheath, had preceded, for the patient had never either before or during his illness, perceived any pain of the vertebral column. The assumption of an exudation, which might have exerted a pressure on the medulla, is quite devoid of probability. Just as little could the cause of this disease be suspected in the brain, as its functions with those of the organs of the special senses had suffered no disturbance. No disease of the bony substance of the individual vertebræ could be discovered along the whole column. I incline to the opinion of the previous medical attendant, and believe that, from the typhoid process that probably preceded, an atrophic condition had been induced in the substance of the medulla. In this case, also, the prognosis was necessarily very unfavourable. Although the disease was not yet inveterate, yet in a very short time it had extended itself greatly. In consideration that already several medicines had been employed by the former physician, which have a very powerful specific action on the spinal chord—such as Nux vom., Chinin sulph., Rhus tox., Veratrin, &c.—and that these were administered in very strong doses throughout a long period, it was necessary to introduce a medicine which should have an equally direct, but, if possible, more intense and energetic action than the above. On these grounds, considering the powerful direct action of Phosphorus on the whole of the spinal chord (as had also been observed in diseases of this organ, by Drs. Löbenstein, Löbel, Le Roi, Wechard, Gumprecht, Robbi, &c.), I decided on employing that medicine; and the choice was so happy that Phosphorus alone effected the cure within two months and a half. The patient, at first, took 3 drops of the 2nd decimal dilution night and morning for the first and second months, and as by that time the amendment had proceeded so far that he only felt a weakness in the knees after a long walk, he commenced taking three drops in the evening only.

The disease retreated exactly in the same way as it had advanced; at first, sensation returned gradually in the upper and lower extremities, the strength and moving power of the muscles was confirmed again, and they soon attained their natural bulk, tone, and firmness.

The patient has continued quite well since that time, attends to his business without overstraining, and can walk very far and very long without more weariness than every healthy person feels who has taken a very long walk.

Also, during this tolerably long use of Phosphorus, I could detect neither any aggravations of the sufferings, nor any of the peculiar effects of Phosphorus in any other organ.

2. H. von H., a very scrofulous boy, aged 10, whom I cured, in 1851, of a torpid croup consequent upon hooping-cough, was, in the spring of 1852, thrown from a swing, by which, probably, the brain and spinal chord suffered a considerable concussion, for he was brought home senseless. They had recourse to affusion of cold water all over the head immediately, by which the unconsciousness was removed in an hour; and the boy complained of severe pain in the head, and vomited several times on sitting up in bed. He took Arnica in frequent doses. Next day the pains had disappeared, and feeling quite well he went to school; so also to the fourth day, when, without any premonitory symptoms, he was seized suddenly at school with clonic spasms, which violently affected the trunk, and upper and lower extremities. I was immediately called in, and found him in full consciousness. He assured me he felt pain neither in the head nor back. The most minute examination of the head and spine led to no discovery of a local injury, or painful spots. The spasms came still at longer or shorter intervals, and sometimes bent

the body together like a spring; sometimes stretched it backwards, whilst the limbs were tossed here and there.

These fits lasted five to ten minutes. Trismus, however, was not present. After the fit he complained of fatigue and sleepiness, without being able to sleep. Pulse and breathing not altered; stool and urine had been passed normally.

These clonic spasms could naturally be considered only a consequence of the previous concussion of the spine, which the use of Arnica had not entirely removed. I prescribed Stramonium, 2nd decimal attenuation, three drops to be given in water; every hour at first, and seldomer if a progressive abatement of the fits should occur. That evening I found the patient sitting up in bed, and quietly eating his supper. He declared he felt quite well, and had no pain either in the head, back, or limbs. The spasms had recurred six times, but constantly weaker and at longer intervals. He had taken six doses of Stramonium. I left directions, if the spasms should return, to give the medicine every two or three hours. But after taking his supper he had fallen asleep, and so continued quiet the whole night. No trace of the spasms had appeared, nor had even any twitching of individual muscles or limbs been observed by a very anxious mother. As he was quite well next morning he went to school again, and has never from that time been attacked by spasms of this kind. The cure of these clonic spasms by the above medicine may be questioned.

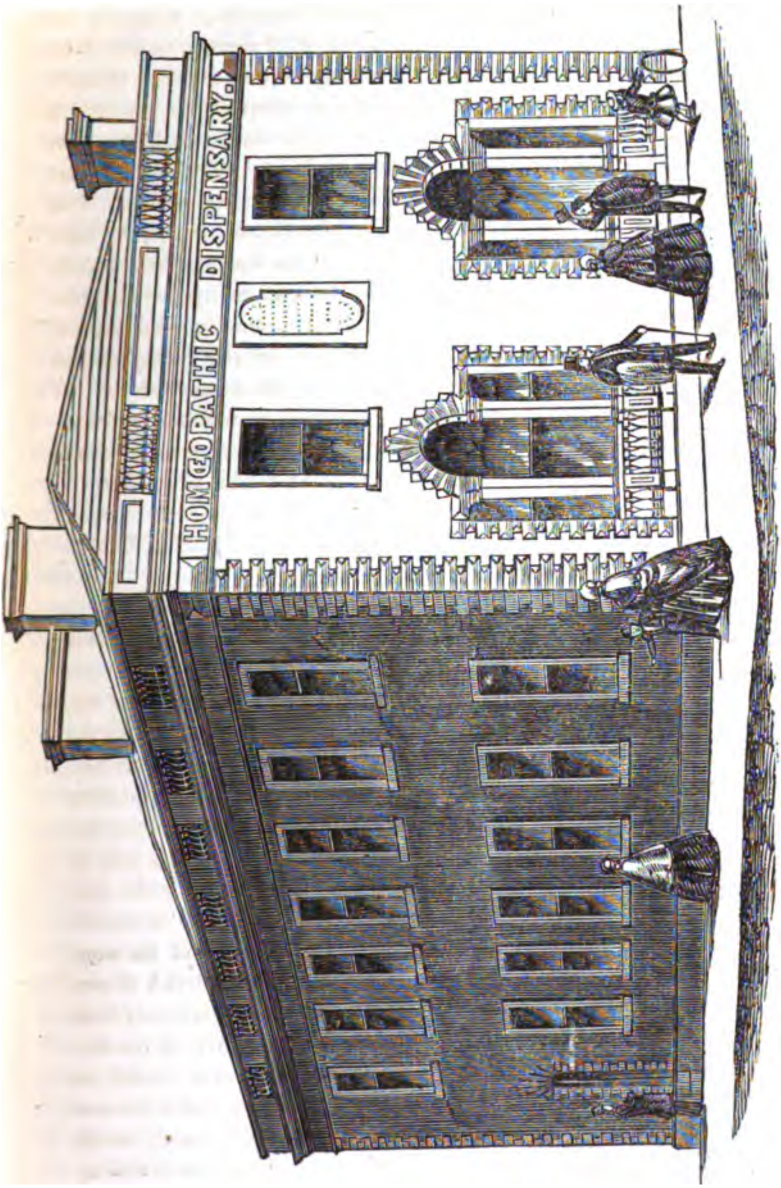
Before it was administered they had recurred four times in a very short period, and with increasing violence; whereas, after it, they had returned at increasingly long intervals, and with ever diminishing intensity, which facts may testify to a powerful curative effect of the medicine.

I publish these three cures for a special reason, independent of the fact that they bear witness to the great efficacy of homœopathic medicines in suffering of this kind, viz., because cures of severe disease, acute or chronic, by the persevering and constant use of one single medicine belong to the rarities of homœopathic literature. This must be regarded as a doleful sign, inasmuch as it shows to what an extent the disregard of rational principles has proceeded. If this makes further progress, depending, as it does, upon ignorance of the disease *to be cured*, and of the specific action of the homœopathic medicines, and of the rational mode of employing them, described by Hahnemann in his "Organon," then homœopathic medicine is on its way to the same anarchy into which allopathy has been precipitated by the physiological school. I am not exaggerating, but merely speaking out the truth, as any one may convince himself, who has a mind to open any of the best homœopathic journals at hand. They swarm with cases, in which the medicines were changed every two or three hours! A downright "hybrid practice," as Hahnemann justly stigmatized such proceedings. The plain common sense of mankind will tangibly discover that, with these perpetual changes of medicine, which nothing can justify and for which no motive can be assigned, any pure observation or experience becomes impossible. It is already come to this, that in one and the same disease two or three different medicines are employed internally and externally, as in diphtheria and others. It thus goes on; the saying of the great poet will be fulfilled, that "art has always fallen owing to the artist;" and thus homœopathy will most surely be upset and annihilated by homœopathic physicians.

Opening of the New Homœopathic Dispensary at Liverpool.

We extract the following from the *Liverpool Mercury* of the 26th November, 1860:—

"The new institution, recently erected on an advantageous site adjoining St. Philip's Church, Hardman Street, was opened to the public on Saturday morning, 24th November, 1860. As the circumstances which necessitated the new and more commodious building may not be altogether of an uninteresting character, a brief recapitulation of them is subjoined. The principles of homœopathy may be said to have first taken root in Liverpool some twenty years ago. In the year 1841 Dr. Drysdale settled in this town, and commenced business as a homœopathic practitioner. In the course of the same year he opened a homœopathic dispensary in South Frederick Street. Towards the end of 1841, Dr. Chapman, who had previously been an allopathic practitioner in Liverpool, became a convert to the new system, and the dispensary in question was afterwards carried on under the joint superintendence of these gentlemen, who were at that time the only homœopathic practitioners in Liverpool, though there are now no fewer than eleven professional gentlemen practising the system in the town. In the year 1842 the dispensary was removed to Benson Street, and subsequently to Mount Pleasant,


HOMŒOPATHIC DISPENSARY.

THE LIVERPOOL HOMŒOPATHIC DISPENSARY.

VOL. XIX, NO. LXXVI.—APRIL, 1861.

where, under the direction of a committee of management, the poorer classes were supplied with advice and medicine gratuitously, the institution being supported by voluntary contributions. As in many other places, so in Liverpool homœopathy has had to encounter no small amount of prejudice and opposition—prejudice on the part of the community, who hesitated to submit themselves to a method of treatment differing so widely from that which obtained under the old-established medical system; and opposition from the professors of allopathy, who naturally enough looked upon the introduction of the new theory as an innovation—an infringement of their rights and immunities 'as by law established,' and who regarded the homœopaths as likely to prove formidable rivals for the enjoyment of the public favour. Consequently, for the first few months after the establishment of the dispensary, the applicants for advice and the patients under treatment were comparatively few. But as time progressed so did the institution take a higher place in the estimation of the townspeople. Many poor persons whose cases had been considered utterly hopeless were cured or greatly relieved by homœopathic treatment. One result of this success was a much greater demand upon the resources of the institution; and another issue was that, feeling that the increasing usefulness of the dispensary constituted a strong claim upon their sympathy and support, the more wealthy and influential of our townsmen aided it by liberal contributions. At length, in 1854, the want of a resident house surgeon having been much felt, the number of patients continuing to increase, and as many poor people could not be seen at a time when they most required medical or surgical aid, in consequence of their being too ill to leave their homes, the committee appointed Dr. William Hitchman, a graduate in medicine, and a member of the Royal College of Surgeons, London, to that office. This gentleman, who practised the homœopathic system for many years with great success, and devoted the whole of his time to the duties of his office, resigned the situation in 1855, and was succeeded by Dr. Gwynn, Mr. Cresswell, Mr. Willans, and Dr. Platt, the latter being the present house surgeon, who also gives the whole of his time to the service of the institution—an arrangement which materially adds to its efficiency in many respects. That efficiency was still further and greatly increased in 1858 by the appointment of three paid surgeons to attend the poor at their own homes. The present medical staff is as follows:—Consulting physician, Dr. Drysdale: consulting surgeon, Mr. Moore; physicians, Dr. Wright, Dr. Stokes, and Dr. Roche; surgeons, Dr. Hayward, Mr. Gelston, and Mr. Willans. From this short outline of the operations of the indefatigable committee of management it will be seen that the institution has gradually assumed a position of great usefulness and importance in the town. That the striking benefits of the new mode of treatment are acknowledged and appreciated by the sick poor, for whose especial benefit the dispensary was first established, is amply testified by the daily throng of eager applicants for advice, while at the same time it affords abundant testimony to the efficiency and faithfulness of the medical officers. A further proof of confidence in the homœopathic system will be found on reference to the committee's annual reports for the last few years. It will be perceived that in 1854, 14,749 prescriptions were dispensed, 2,668 new patients treated at the institution, and a very large number attended at their own homes; in 1855, the number of new patients was 3,407, and the number of prescriptions dispensed, 16,161; in 1856, the number of new cases amounted to 3,898, and the number of prescriptions dispensed to 19,965; in 1857, they were 4,237 new patients, and 22,253 prescriptions dispensed; in 1858, 812 patients, for the most part labouring under acute diseases, and unable to leave their homes, were visited there, 3,312 visits having been paid to them; the number of applications for relief was 23,152; the number of prescriptions dispensed 26,464, and the number of new patients, 4,616; and in 1859 the new cases numbered 3,867, the prescriptions dispensed 20,202, and the patients visited at their own homes 720, the total number of visits paid being 2,160.

"For a number of years past the corporation of Liverpool, to whom the premises in Mount Pleasant belonged, liberally permitted the committee to occupy them rent free. But during the past year a considerable amount of corporate property, including the house in question, was sold, and the committee then took the necessary steps to obtain a more advantageous situation for their dispensary, and also determined, if they could raise sufficient funds, to erect a building worthy of the cause and satisfactory to the supporters of homœopathy, while at the same time it should be one better adapted to their requirements than the house they were then occupying. With this view a meeting of the gentlemen having the management of the institution was held, at which it was decided to carry out the project named. The committee generously subscribed nearly £200 amongst themselves in furtherance of it, and then resolved to appeal to the public for support. This appeal was liberally and promptly responded to. The sum required for the purchase of the land and the erection and furnishing of the new dispensary was £2,500, of which £2,040 has been subscribed. The committee refer with pride and satisfaction to the handsome manner in which the public responded to their announced intention of building, most of the donations to the fund for the erection of the new edifice having been spontaneously offered.

"The new dispensary has been erected from designs by Mr. Ellis, architect, of this town, who also superintended the work. The style is Italian, and the general features of the front elevations are both appropriate and unpretending, and free from architectural extravagance, convenience and accommodation having been studied in the planning of the structure rather than ornamental effect. It is built of stone, the walling being partially wrought, with dressed quoins, architrave, and cornice. The frieze bears the inscription 'Homœopathic Dispensary' in large characters, and in the centre of the Hardman Street front is a granite tablet, on which is inscribed 'Founded 1841. Supported by voluntary contributions. Erected on this site 1860.' This inscription is encircled by handsome mouldings. The principal entrance for subscribers, physicians, and visitors is in Hardman Street. A very neat porch communicates with a spacious square entrance hall. Opposite the door is a heroic-sized statue of Hahnemann, the distinguished founder of the homœopathic system, standing upon a massive pedestal of polished Aberdeen granite. The first apartment on the left is the private room of the resident physician. Adjoining this is the boardroom, a neat and commodious apartment, intended for general meetings of the subscribers, &c. There is also a communication with this apartment, three consulting rooms on the same floor, and the patients' waiting room, by means of an extensive corridor or passage. The patients are admitted by an entrance from Baltimore Street, the rooms appropriated to them being spacious, lofty, well ventilated, and warmed. Adjacent to this is the dispenser's apartment, fitted with every convenience for the efficient discharge of that officer's duties. On the first floor are a suite of bedrooms, &c., for the use of the resident officers, and also a number of detached rooms which have not yet been appropriated. The building has been so arranged that a large increase of accommodation can be obtained at a comparatively trifling cost, the promoters of the undertaking anticipating a rapid progress of homœopathy in this town, and the probability that there will consequently be a greater demand upon their resources.

"The dispensary was opened at half-past nine on Saturday morning, when the whole of the medical staff were in attendance. There was an immense number of applicants for relief, the large waiting room and its approaches being completely crowded. Amongst the patients were several whose cases have hitherto baffled allopathic skill, and who have as a last resource sought assistance at the hands of the homœopaths."

On the same day an inauguration dinner was given at the Adelphi Hotel, which was very numerously and respectably attended. The speeches and whole proceedings manifested a degree of energy and enthusiasm in the cause most flattering to us medical converts, and which cannot fail to be gratifying to all the friends of our reformed system of medicine.

In addition to these notices of the immediate proceedings of that day, we cannot refrain from recalling to the notice of our readers the steps by which the homœopathic dispensary has gradually won its way to the rank and standing of one of the recognised medical charities of the town of Liverpool. At first, naturally depending entirely on private resources, it was after some years allowed by the Town Council to occupy their house in Harford Street rent free. When this property was sold a special discussion of the claims of the dispensary took place, and a grant of £50 per annum was allowed, thus raising us formally to a position of complete equality with the other charitable institutions which receive contributions from the corporation. Lately, also, the present Mayor, Mr. Graves, when inviting the honorary medical officers of the charitable institutions of the town, extended the same courtesy to those of our dispensary. By these acts of liberality the Liverpool Town Council and the present Mayor have, we think, done themselves honour, and shown a bright example of the true principles of the patronage of science, which we hope will be speedily and extensively followed in other places.

The other public bodies have likewise shown every disposition to show us the same favour as other charitable institutions. In two public concerts given to raise funds, the professional, or amateur musical performers gave their services either gratuitously or on such terms as enabled us to raise in the one case £100, and the other, £50.

In the annual collections in the churches for the medical charities our institution has not yet been admitted to receive a share, but a considerable body of the clergy have protested against the exclusion and made separate collections for us.

We may conclude by calling to mind that this dispensary has always been conducted on the principles of a purely charitable one, and though frequent proposals have been made to introduce a class of patients paying a small fee, the committee have hitherto steadily rejected them, believing, as we think quite correctly, that any mixture of the self-supporting principle in a charitable institution tends to withdraw the stimulus of necessity from subscribers, and ultimately dry up the sources of charitable income altogether. The two principles are fully represented in Liverpool, only they are rigidly kept separate, and the three self-supporting homœopathic dispensaries have no connection with the above described free dispensary.

Saponinated Coal-tar.

We have received a pamphlet, the title of which we subjoin,* and a specimen of the substance named, from Mr. Hausburg, a benevolent gentleman of Liverpool, who has made it widely known in that town, and also sent a quantity to the army of the great hero of our times, Garibaldi, with what results we do not know. But from reading the above treatise, and the few trials we have made, we think the subject is of great importance, and beg to direct the attention of our colleagues to it. In our practice, however much we avoid the use of local applications, still there are occasions where they are indispensable; and a large part of these is where disinfectants are called for. In spite of the number that are in use, there are still many desiderata unsatisfied; and the substance here spoken of may, in these points, be found to meet the wants of the practitioner. The powerful disinfecting action of coal-tar has long been known, but its physical qualities have hitherto baffled all attempts to use it in the liquid form; though in the form of rough powders, mixed in small proportion with various indifferent sub-

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**Du Coal-tar Saponiné, disinfectant energique arrêtant la fermentation. De ses Applications à la Hygiène, à la Therapeutique, à l'Histoire Naturelle.* Par Jules Lemaire. Paris: G. Bailliere.

stances, such as earth, marl, linseed, sand and plaster of Paris, etc., it has been used with advantage, though almost counterbalanced by the inconveniences. At length, in 1850, M. Leboeuf discovered that by means of saponine the difficulties may be overcome, and an emulsion, miscible in all proportions with water, and quite stable, may be produced.

The saponine we find in "Turner's Chemistry" is the active principle of the *Saponaria officinalis* and the *Gyprophila struthium*, and is extracted by alcohol. "It forms a white brittle mass, not crystallized, of a taste first sweetish, and then acrid and irritating, and a small quantity introduced into the nostril causes violent sneezing. It is soluble in water, and the solution, even when very dilute, froths like a solution of soap. The root is used as a detergent."

The formula of Mr. Leboeuf is as follows:

Take of the bark of Quillaya saponaria ..	2 kilos.
Alcohol at 90°	8 litres.

Heat to ebullition and filter.

This is the medium which has the power of holding coal-tar in aqueous suspension in the following proportions:

Tincture of saponinated coal-tar.

Take of coal-tar	1000 gr.
„ alcoholic tincture of saponine	2400 gr.

Digest in tepid water for eight days, stirring now and then, and filter.

For use in practice, this is diluted as follows:

Take of saponinated tincture of coal-tar....	1 part.
„ water........................	4 parts.

This forms a stable emulsion, called by Mr. Leboeuf the emulsion at the 5th degree, or mother emulsion, and may be further diluted to the tenth or twentieth, as required. It is of a dirty yellowish-green colour, with a very mild odour of coal-tar and phenic acid. It is soft to the touch, and miscible in all proportions with water, even to a thousand parts, and the emulsion still remains stable; so it may be considered practically equivalent to solution, and fit for all the purposes of a soluble disinfectant.

The effects are described as answering in a remarkable degree, and in a most convenient form for use, all the purposes of a disinfectant and detergent for wounds and open ulcers, etc. They may best be indicated by enumerating shortly the cases in which it was used practically with success. The first case was one of a large gangrenous wound following phlegmonous erysipelas in a woman of 65. It was dressed first with the mother emulsion, which caused no pain, but immediate disinfection, and soon the greyish aspect of the wound assumed a vivid pink colour. The healing process went on rapidly, and in twenty-two days was complete. Several similar cases are given following anthrax. In one case of a large gangrenous wound after anthrax on the back, the comparative merits of spirits and water, of saponinated spirits of wine, and of the saponinated coal tar, diluted up to ten parts of water, were tried, and the effect of the last surpassed that of the two former in a very marked manner.

We have under our care now an aged paralytic patient affected with a bad gangrenous bedsore on the sacrum, and the effect of this preparation is very marked and satisfactory as an immediate disinfectant, and the production of that pink aspect of the wound is very distinct, while the gangrenous patches are detaching themselves.

Next is mentioned a case of impetigenous eczema of the ears in a child of four years, with greenish fœtid otorrhœa. Lotions and injections of the substance diluted to the fifteenth gave immediate relief, and a cure followed in ten days. A similar effect was produced in an infant of five months, in intertrigo behind the ears. The dilution was to the twentieth. Next follows a bad case of ozœna, in which the disinfecting action was immediate, and ultimately, after many months, a cure was obtained. Ulcerated chilblains were cured rapidly. Likewise the remarkable insecticide properties of coal-tar were found to be posessed by this substance when used against pediculi of the head and pubes. The effect on ulcers was remarkable; also favourable in midwifery. In a case of chronic gingivitis, with infusorial tartar on the teeth, it was curative as a dentifrice diluted to the twenty-fifth. In a case of fœtid sweat of the feet, the odour was quite removed. In scrofulous caries of the tibia the fœtor of the discharge was removed, and the ulcer took on a healthy aspect. In cancer it proved a complete disinfectant, and otherwise a most satisfactory local application. The above in many varieties are confirmed by different medical men both in hospital and private practice.

It is to be observed that in some of the above cases it acted not only as a local application which might be expected to do good by its chemical powers in arresting fermentation and decomposition, but seemed to have some specific powers of ultimately promoting the cure by acting through the vital power. We might expect this, knowing as we do the effect of kreosote and anthrococali, and we would, therefore, recommend a proving of this substance internally, when no doubt the sphere of its specific action on the skin, and on suppuration and nutrition, would be accurately determined.

Medical Education, etc.

MEDICAL EDUCATION.—Gentlemen who commence their education at the various hospitals on or after the 1st of October will, prior to any professional examination at either of the medical boards, be required to produce evidence of their having passed an examination in the various branches of knowledge usually taught at grammar schools, and similar places of education. Those who have entered at the beginning of the current session will, in some instances, escape this test. As a consequence, a large increase has taken place in the number of medical students in all parts of the united kingdom, 1237 having been registered in London alone.

NEW DIPLOMAS.—From the large number of medical licensing bodies in this country, and the great variety in the character of the diplomas granted, any addition to those already existing most persons would probably have thought superfluous. Not so, however, the London College of Physicians, and the University of Edinburgh. After many years of pressing on the part of the weekly medical journals, the magnates of Pall Mall have consented to confer their license on the general practitioner, and so free him from the apparent necessity of obtaining his medical diploma from the Druggist's Company in Blackfriars, and being obliged in consequence to accept the title of apothecary. The licentiate in physic will be required to pass though a certain curriculum in medicine, followed by an examination in arts and the several subjects proper to his profession. Those who held a diploma from a British corporation on the 1st of January in the present year, will be examined in the practice of medicine and midwifery only. The fee for the license is fifteen guineas. The licentiate is precluded by the bye-laws from styling himself "doctor," and from describing himself as a physician; he is a licentiate in physic and nothing more.

The first examination for this license was held on the 12th of February; and on the 14th, at a *Comitia majora extraordinaria*, seven gentlemen were duly admitted to practise physic as Licentiates of the College. Another was held on the 12th of March.

The University of Edinburgh, in the ardour of her zeal to provide a complete diploma for her sons, has recently secured the right to grant the degree of M.B., and also a degree in surgery, —to wit, that of "*Chirurgiæ Magister*," the possession of which will entitle the holder to style himself surgeon. In her effort to obtain the latter privilege, the University was violently, but unavailingly, opposed, in her appeal before the Judicial Committee of the Privy Council, by every examining body in Scotland.

MEDICAL TITLES.—The question of what constitutes a doctor? has been discussed *ad nauseam* in the hebdomadal medical journals during the last year and a half. From all that has been written we gather that none but a graduate of a university, or a licentiate or fellow of King's and Queen's College of Physicians in Ireland, can lay any claim to add the magic letters M.D. to his name; but that members and fellows of the London College of Physicians, and licentiates and fellows of the Edinburgh College are privileged to assume the title of doctor, and may expect as an act of courtesy due to them, by virtue of their rank as physicians, to receive it.

The Irish College appears to have a special clause in its charter, securing to its licentiates the privilege of using the degree of M.D.; and accordingly several licentiates of this corporation have been described in the branch registers for Ireland as doctors of medicine, at the suggestion of the Attorney General for Ireland. The opinions of Sir Hugh Cairns and Mr. Hobhouse were taken by the general council, and the conclusions arrived at by these gentlemen being that the licentiates are not, as such, doctors of medicine, and even if they were that they could not be so registered under the *Medical Act*, as the title is not named in Schedule A. The general council, therefore, decided in not registering the title, and the branch council of Ireland, by the casting vote of the President, Dr. Stokes, acquiesced in the decision.

THE MEDICAL ACT.—In the "Law Times" of the 29th of December last, Mr. T. W. Saunders makes the following remarks on the Medical Act: "There appears to be a singular fatality attending all prosecutions under the Medical Practitioner's Act, 21 and 22 Vict., cap xc. We know of no instance in which any information against a supposed unauthorised practitioner has been successful; and certainly every appeal to the Superior Courts, against decisions of Justices at Petty Sessions, has resulted in favour of the defendant. The statute must not on this account be charged with shortcomings. It accomplishes all that it was designed to accomplish; but the truth is, more has often been expected from it than ever was intended, and it has, in many instances, been used as an engine for the gratification of personal and private ill feeling."

Notwithstanding this legal commentary on the results of medical legislature, a recently published periodical—*The Chemist and Druggist*—in a vituperative article on the medical profession and the Medical Act, describes it as a "pernicious example of class legislation," and as depriving the druggists of the privilege of selling more than what he is asked for!

In a recent decision before the Superior Courts it was ruled, that the Medical Act did not in itself prevent a registered practitioner, whatever the nature of his diploma, from assuming the title of "doctor."

Pathogenetic Effects from the Use of Arsenite of Copper.

Francis H——, aged forty-five, was admitted an out-patient of the Royal Free Hospital, in February last; is a dyer of muslin sheets used for making the leaves and other parts of artificial flowers; has been engaged at this occupation off and on for about two years; used formerly to dust the powdered arsenite of copper or emerald green—on the muslin. This occasioned it to fly about the room, and to fall on the clothes; began almost immediately to feel ill, suffered constant nausea, loss of appetite, thirst and headache; had diarrhœa occasionally, soreness of the throat, and tenderness of the gums; is much more nervous than formerly. An eruption appeared four or five days after commencing to use the pigment. It began in the form of greenish pimples over the hands and face; these bursting, left holes, having eroded edges. Has also eruptions on the scrotum and groins. The skin of the palms of the hands is of a yellowish-green colour, being stained with the green dye. Left off using the emerald green at Christmas, 1858, for about four months; then used picric dye, which did not affect him, and, in two or three months the eruptions entirely disappeared. Began to use the emerald green again about six weeks before Christmas, 1859, and soon experienced nearly the same effect as before, with this difference, that the eruption was not so bad, owing to the manner in which the colouring matter is now applied, not by dusting as formerly, but by dyeing the muslin and rubbing in the colour.

Richard G——, aged twenty-seven, also admitted an out patient of the Royal Free Hospital in February last; is an artificial leaf-maker—that is, he cuts the leaves out of the dyed sheets of muslin; has been engaged in the trade about twelve months; was in good health until he began to use the emerald green about two months since; began to feel the effects of the poison in the course of two or three days afterwards. The symptoms were as follows: much thirst, tongue white, highly nervous, sleep disturbed and unrefreshing, weakness, loss of appetite, bowels very much relaxed for the last eight or ten days, acting sometimes six times daily; sense of weight on the chest and difficulty of breathing, the eyes swollen in the morning, the nose sore inside and discharging freely, gums tender. About fourteen days after using the colour, sores broke out in various parts of the body; on the hands, forehead, behind the ears, at the roots of the nails, and on the scrotum, the sores presenting a dark and very unhealthy appearance. The hands, especially the palms, and the roots of the nails, were stained, as in the previous case, and a greenish-yellow colour.

There were eight young women and two boys working in the same room with the men, whose cases have just been described, and they were all affected much in the same way. They all had sores; the girls at the back of the neck, on the sides of the nose, and on the hands; their eyes were also affected, and there was running from the nose. To such an extent was their health affected, that they were compelled from time to time to give up their work and return home.

On a Case of Rheumatic Ophthalmia of long standing, treated with the Continuous Galvanic Current.

By Harry Lobb, Esq., M.R.C.S.

R. I—— had suffered for more than fifteen years from repeated attacks of rheumatic ophthalmia, through which the pupil of one eye had become permanently contracted, and the sight of the other much injured. Being warned that a repetition of these attacks would be followed by a total loss of sight, he was led to consider whether some means of prevention hitherto untried might not exist. He had found by experience that galvanism applied to the limb removed rheumatic pains; he therefore thought that a modified current applied to the eye at the commencement of an attack might prevent its occurrence, and if applied for a sufficient length of time the cure might be permanent.

On the approach of the next attack, he accordingly applied an excited thirty-six link Pulvermacher chain, the positive pole upon the spine, the negative upon the closed eyelid, upon retiring to rest. This was allowed to remain on during the night. In the morning every trace of the disorder had vanished.

Other attacks followed at gradually increasing intervals of time, but they were invariably arrested by the same means, the consequence being, that during the last five years R. I—— has found that his eyes have been gaining strength, enjoying the uninterrupted use of the sight during the whole time. The above case, communicated by the patient himself, requires no comment from me, as it is related in so straightforward a manner. At the same time, I may corroborate it by stating, that in all cases of ophthalmia for which I have used the continuous galvanic current a rapid cure has been effected.—*Lancet.*

On the Saccharine Functions of the Liver.

Dr. George Harley, in a paper read before the Royal Society on the saccharine function of the liver, gives the following conclusions drawn from his experiments:—

1st. Sugar is a normal constituent of the blood of the general circulation.

2ndly. Portal blood of an animal on a mixed diet contains sugar.

3rdly. Portal blood of a fasting animal, as well as of an animal fed solely on flesh, is devoid of sugar.

4thly. The livers of dogs contain sugar, whether the diet is animal or vegetable.

5thly. Under favourable circumstances, saccharine matter may be found in the liver of an animal after three entire days of rigid fasting.

6thly. The sugar found in the bodies of animals fed on mixed food is partly derived directly from the food, partly formed in the liver.

7thly. The livers of animals restricted to flesh diet possess the power of forming glucogen, which glucogen is at least in part transformed into sugar in the liver—an inference which does not exclude the probability of glucogen (like starch in the vegetable organism), being transformed into other materials besides sugar.

8thly. As sugar is found in the liver at the moment of death, its presence cannot properly be ascribed to a post mortem change, but is to be regarded as the result of a natural condition.—*Lancet.*

Surgical Homœopathy.

You will occasionally meet with cases of this disease (hypertrophy of uterus) so obstinate, that the process of absorption does not begin, or does not go on to any satisfactory degree, even after you have had recourse to repeated leechings, and have kept the uterus imbedded for a length of time in discutient ointments, and have duly administered all kinds of deobstruents and tonics. In such cases you may follow up the course of treatment which I have sketched for a very lengthened period without producing any appreciable change in the size of the womb, or any marked alleviation of the patient's symptoms. If, however, by any means you can induce the uterus for a time to take on an action of increased growth, you may confidently hope that this temporary hypertrophy will be followed by a process of absorption which will go on, perhaps, uninterruptedly, until the organ is reduced to its normal dimensions. Such a transient increase in the size of the uterus you may at any time produce by taking advantage of the physiological tendency of this organ to enlarge and become developed around any foreign body that happens to be lodged within it. You know that the uterus begins to enlarge when stimulated by the presence of an ovum, or of a fibroid tumour, or of a clot of blood in its interior; and in like manner it becomes developed in size when a foreign body, such as a sponge-tent or an intra-uterine bougie, is introduced artificially. By introducing, then, a succesion of very small sponge-tents into the interior of the womb, or by making the patient wear for a time an intra-uterine pessary you can cause the uterus to take on this hypertrophic action; and by afterwards actively and fully taking advantage of the tendency of the organ to undergo a process of degeneration and diminution on the removal of the stimulus, you may succeed, by the due employment of the various discutients and deobstruents I have already mentioned,—as rest, counter-irritation, and bromine—in promoting the process of absorption to such an extent, that the uterus at last becomes reduced to the natural standard. In some obstinate instances I have been obliged to repeat from time to time this process of artificial irritation and dilatation before a perfect cure was effected.—Lecture by Dr. Simpson, *Medical Times and Gazette.*

Abandonment of the Doctrine of the "Specificity" of Contagious Diseases.

We find that, one by one, writers and observers appear to abandon the doctrines of the "specificity" of contagious disease, and to declare their belief that they may arise from time to time *de novo* out of the dirt and neglect which surround us. We give, in another column, an extract from Percival's Lectures, which shew what his belief was as to the origin of glanders in the horse, more than thirty years ago.

Sanitary reformers have long shown the origin of diarrhœa in fæcal effluvia. Dr. Murchison has traced typhoid to the same cause; and in a lecture delivered before the Royal Institution in 1859, and another before the Royal Institute of British Architects in 1860, Dr. Druitt summed up the evidence in favour of the spontaneous origin of scarlatina, diphtherite, erysipelas, hospital gangrene, dysentery, and ophthalmia, and of their propagation by contagion, under favourable circumstances. Mr. Simon has conceded the spontaneous origin of gonorrhœa and ophthalmia, and the contagiousness of suppuration, as a rule. Dr. Milray, in a recent paper read before the Epidemiological Society, goes over most of the same ground. He referred to the spontaneous origin of hydrophobia and of purulent ophthalmia, and to the undoubted fact of the occasional propagation of the latter disease by atmospheric dispersion. He showed the close resemblance between the plague and typhus fever, in origin, development, and obedience to hygienic measures; and the belief that the plague may arise *de novo* is confirmed by the fact of its appearance on the Bombay coast recently. With regard to the yellow fever, Dr. Milray shows that in upwards of 1000 cases in the Quarantine Hospital at New York, the disease never spread by contagion, though the case was otherwise on board the '*Eclair.*' So also cholera, he believes, may be generated by contagion, if the circumstances be favourable; the same with dysentery, erysipelas, and puerperal fever. On these subjects Dr. Milray seems to agree in the views of the authors we have mentioned, and his paper shews a tendency in the professional mind to adopt new and what we may call liberal views.—*Medical Times and Gazette*, Feb. 9th, 1861.

The Coca (Erythroxylon Coca).

By Ernst V. Bibra.

(Extracted from the *Journal für Pharmacodynamik*, &c., by Mr. J. Gelston.)

Viewed chemically, or comparatively, among all the substances which I have entitled "Narcotic luxuries," on the first glance the Coca appears, if not the most interesting, certainly the most peculiar. A minimum, an almost homœopathic dose, suffices to produce an indubitable result—it quiets hunger, renders one cheerful and capable of exertion, indeed, it developes strength at any time in such a manner that the same individual, after partaking of this wonderful leaf, can lift and carry heavier weights, can strike more powerful blows, can make longer marches, in short, is able to make greater exertions of all sorts, than without the Coca.

When the Spaniards first came into the district of South America, they observed with wonderment the culture of this plant, which was carried on extensively, and with the greatest carefulness, without at the same time comprehending its end or use. Soon thereafter a prejudiced awe took the place of this wonder. The Spaniards heard what sounded to them the operation of a divinity, but what they saw was apparently the work of a devil.

Manko Kapak, the divine son of the Sun, descended from the rocky walls of the Liticaca sea, and brought the light of his mother to poor mortals. He made known to them the Gods, and taught them many useful arts and agriculture. He it was also who bestowed the Coca upon them—a divine herb which appeases hunger, gives new strength to the weary, and makes the unfortunate to forget his cares.

This relation, taken from the Spanish records, proved at that time to the Spaniards the indubitably devilish and heathenish origin of Coca, whilst it is rather a testimony to us that the Incas received their first degree of civilization from this Liticaca race.

But notwithstanding that the Incas had subsequently subdued, had even destroyed the Liticacas, the cultivation, indeed, one may say the preservation, of this plant during the wars had been most carefully attended to, and stood at the time of the Spanish invasion in full vigour.

Religious ceremonies were intimately connected with the seed time and harvest of the Coca, and no offering was made by the priests without the Coca playing its part therein. The nursery itself was consecrated to the Gods, and every altar was strewed with the sacred herb. Priest and layman had the Coca leaf in their mouths when they went to the Temple, and stringent laws were proclaimed by the Princes to protect the growing plants from wilful injury.

It is true, all this at one time must have appeared to the Spaniards either folly or a heathenish, reprehensible thing; and, indeed, an Assembly of the Church, in the year 1567, declared Coca a vain thing and tending to superstition; moreover, a royal manifesto, in the year 1569, forbade strictly the use or cultivation of Coca, as a delusion of the devil.

The result was, the trees were destroyed, and all those who used it were prosecuted.

The unfortunate Peruvians, whose gods had been taken away, their princes killed, and they themselves constrained to the severest labour, submitted to all this, as they saw that against the white man they could not successfully contend.

But the Coca they gave not up. In districts not yet entered by the invaders they preserved every plant with the greatest care, and secretly divided the indispensable leaf among themselves.

Not long after, it came to pass that the Spaniards themselves began to regard the Coca with somewhat favourable eyes. They observed that the natives who made use of the Coca secretly, scarcely required one-half the food they should have made use of without it, and that, moreover, they undertook even more readily the heaviest labours imposed upon them. They saw that the Peruvians, used as slaves, easily accommodated themselves to their lot, and were more cheerful of themselves if the use of the Coca was winked at; and finally, they came to the conclusion that as this discovery of the Devil's was of good service to the true believing Christian, they shut their eyes and were content.

The utility of the plant having been ascertained by men of intelligence, the Jesuist, Don Antonio, published a book on the virtues of Coca, entitled, "Perla de America." He had studied the effects of the Coca in the country, and endeavoured to introduce it to all parts of Europe; also a physician, Don Pedro Rolesco Crespo, lauded the Coca in a book which appeared in 1793, and recommended it particularly to mariners.

At the present day, in Peru and some bordering countries—Bolivia, Arequipa—the Coca is used just as it was used at the time of the old Liticacas, and more lately by the Incas.

From the introduction of religion, and since the declaration made by Munko Kapak that a wonderful divine quality resided in the herb, till the present day, scarcely anything further has been made known of the extraordinary action which this plant exercises upon the system than was known 1500 or 2000 years ago.

If we compare our knowledge of Coca with what we know of other narcotic remedies, we shall find that we know very little, in a physiological point of view, beyond some general conclusions; we have very few scientific results and experiments respecting it.

Why we know less of Coca than of any other member of the whole group, may possibly have a double cause. The Coca, after a not very long time, somewhat beyond a year, completely loses its peculiarity of appeasing hunger, of creating strength, and of producing a pleasant excitement. This fact is generally known in the country. It was, therefore, only very lately that any proper experiments could be undertaken in this country.

On the other hand, Coca has never been an article of commerce, and we only get it in small quantities from some traveller, so that further researches with it must be very limited. This was also the reason why, until lately, the Coca was almost wholly unnoticed, and the profession knew little beyond the name.

The Coca is not used alone, but, as in the case of Betel, it is mixed with another substance. On the west coast and Peru at least, this is in general the case. Thiss ubstance is named Tonra, and is usually the ashes of a plant. I have been told that it is frequently prepared from the dead, or no longer bearing Coca shrubs; but it may be that sometimes the ashes of another tree mixed with some earth are used.

The author proceeds to describe the manner of chewing the Coca, and brings forward the testimonies of Meyen, Pöppig, Weddel, Tschudi. As Tschudi's description is the more graphic, and some interesting particulars are overlooked by Bibra, we quote from that author's work the following particulars (p, 448):—

"The Indians masticate the Coca. Each individual carries a leathern pouch, called the *huallqui*, or *chaspa*, and a small flask gourd, called the *ischupara*. The pouch contains a supply of Coca leaves, and the gourd is filled with pulverised unslaked lime. Usually four times, but never less than three times a-day, the Indian suspends his labour for the purpose of masticating Coca. This operation (which is termed *chacchor* or *acullicor*) is performed in the following manner:—Some of the Coca leaves, the stalks having been carefully picked off, are masticated until they form a small ball, or, as it is called, an acullico; a thin slip of damp wood is then thurst into the *ischupara*, or gourd, and when drawn out some portion of the powdered lime adheres to it. The *acullico*, or ball of masticated Coca leaves is, whilst still lying in the mouth, punctured with this slip of wood until the lime mixing with it gives it the proper relish, and the abundant flow of saliva thus excited is partly expectorated and partly swallowed (Bibra says, almost wholly swallowed). When the ball ceases to emit juice it is thrown away, and a new one is formed by the mastication of a fresh mouthful of Coca leaves. In Cerro de Pasco, and in places still further south, the Indians use instead of unslaked lime a preparation of the pungent ashes of the quinna (Chenopodium quinna, L.), This preparation is called *llucta* or *llipta*. In using it, a piece is broken off and masticated along with the *acullico*. In some of the Montana regions the llucta is made from the ashes of the musa root.

"The flavour of Coca is not unpleasant; it is slightly bitter, aromatic, and similar to the worst kind of green tea. When mixed with the ashes of the musa root, it is somewhat piquant and more pleasant to European palates than without that addition. The smell of the fresh dried leaves in a mass is almost overpowering; but this smell entirely goes when they are packed in the sacks.

"All who masticate Coca have a very bad breath, pale lips and gums, greenish and stumpy teeth, and an ugly black mark at the angles of the mouth. The inveterate *coquero*, or *Coca chewer*, is known at the first glance. His unsteady gait, his yellow-coloured skin, his dim and sunken eyes encircled by a purple ring, his quivering lips and general apathy, all bear evidence of the Coca juice when taken in excess. All the mountain Indians are addicted, more or less, to the practice of masticating Coca, each man consuming on an average from an ounce to an ounce and a half per day, and on festival days about double that quantity. The owners of mines and plantations allow their labourers to suspend their work three times a day for the *chaccor*, which usually occupies upwards of quarter of an hour, and after that they smoke a paper cigar, which they allege crowns the zest of the Coca mastication. He who indulges for a time in the use of the Coca finds it difficult, indeed almost impossible, to relinquish it. This fact I saw exemplified in the cases of several persons of high respectability in Lima, who are in the habit of retiring daily to a private apartment for the purpose of masticating Coca. They could not do this openly, because, among the refined class of the Peruvians the *chaccor* is looked upon as a low and vulgar practice.

"In Cerro de Pasco there are societies having even Englishmen for their members, which meet on certain evenings for the chaccor. In these places, instead of lime or ashes, sugar is served along with the Coca leaves. A member of one of these clubs told me that on the first few trials the sugar was found very agreeable, but that afterwards the palate required some more pungent ingredient.

"The operation of the Coca is similar to that of narcotics administered in small doses. Its effects may be compared to those produced by the thorn apple, rather than those arising from opium. I have already noticed the consequences resulting from the decoction of the datura. In the inverate coquero similar symptoms are observable, but in a mitigated degree. I may mention one circumstance attending the use of Coca, which appears hitherto to have escaped notice—it is that after mastication of a great quantity of Coca the eye seems unable to bear light, and there is a marked distension of the pupil. I have also observed this peculiarity of the eye in one who had drunk a strong extract of the Coca leaves. In the effects consequent on the use of Coca and opium there is this distinction—that Coca when taken even in the utmost excess never causes a total alienation of the mental powers, or induces sleep; but, like opium, intoxicates the sensibility of the brain, and the repeated excitement occasioned by its intemperate use, after a series of years, wears out mental vigour and activity.

"It is a well known fact, confirmed by long observation and experience, that the Indians who regularly masticate Coca require but little food, and nevertheless go through excessive labour with apparent ease. They, therefore, ascribe the most extraordinary qualities to the Coca, and even believe that it might be made entirely a substitute for food. Setting aside all extravagant and visionary notions on the subject, I am clearly of opinion that the moderate use of Coca is not merely innoxious, but that it may even be very conducive to health. In support of this conclusion, I may refer to the numerous examples of longevity (130 years) among Indians, who, almost from the age of boyhood, have been in the habit of masticating Coca three times a-day, and who in the course of their lives have consumed no less than 2700 lbs., yet nevertheless enjoy perfect health. The food of the Indian consists almost exclusively of vegetable substances, especially roasted maize and barley concocted into flour by crushing, which they eat without the admixture of any other substance. The continued use of this farinaceous food occasions severe obstructions which the well-known aperient qualities of the Coca counteract, and many serious diseases are thereby prevented. That the Coca is in the highest degree nutritious is a fact beyond dispute. The incredible fatigues endured by the Peruvian infantry, with very spare diet, but with the regular use of Coca—the laborious toil of the Indian miner kept up under similar circumstance throughout a long series of years—certainly affords sufficient ground for attributing to the Coca leaves, not a quality of mere temporary stimulus, but a powerful nutritive principle. Of the great power of the Indians in enduring fatigue, with no other sustenance than Coca, I may here mention an example. A Cholo, of Huare, was employed by me in a very laborious digging. During the whole time he was in my service, namely, five days and nights, he never tasted any food, and took only two hours sleep nightly; but at intervals of two-and-a-half and three hours, he regularly masticated about half an ounce of Coca leaves, and he kept a *acculico* continually in his mouth. I was constantly beside him, and therefore had the opportunity of closely observing him. The work for which I engaged him being finished, he accompanied me on a two days journey of 23 leagues across the level heights. Though on foot he kept up with the pace of my mule, and halted only for the chaccor. On leaving me he declared he would willingly engage with me for the same amount of work, and that he would go through it without food if I would allow him a sufficient supply of Coca. The village priest assured me that this man was 62 years of age, and that he had never known him to be ill in his life.

"The Indians maintain that Coca is the best preventive of the difficulty of respiration felt in the rapid ascent of the Cordillera, and of the Puna. Of this fact I was fully convinced by my own personal experience. I speak here, not of the mastication of the leaves, but of their decoction taken as a beverage. When I was in the Puna, at the height of 14,000 feet above the level of the sea, I drank always before going out to hunt a strong infusion of Coca leaves; I could then during the whole day climb the heights, and follow the swift-footed wild animals without experiencing any greater difficulty of breathing than I should have felt in similar rapid movements on the coast. Moreover, I did not suffer from the symptoms of cerebral excitement or uneasiness which other travellers have observed. The reason perhaps is, that I only drank this decoction in the cold Puna, where the nervous system is far less susceptible than in the climate of the forests. However, I always felt a sense of great satiety after taking the Coca infusion, and I did not feel a desire for my next meal until after the time at which I usually took it.

"Though it is not probable that Dr. Crespo's wish will ever be realised, yet there is little doubt that the use of Coca as a beverage on board ship would be attended with very beneficial results. It would afford a nutritious refreshment to seamen in the exercise of their laborious duties, and would greatly assist in counteracting the unwholesome effect of salt provisions. As a stimulant, it would be far less injurious than ardent spirits, for which it might be substituted without fear of any of the evil consequences experienced by the coqueros. After a long and attentive observation of the effects of Coca, I am fully convinced that its use, in moderation, is no way detrimental to health; and that without it the Peruvian Indian, with his spare diet, would be incapable of going through the labour which he now performs. The Coca plant must be considered a great blessing to Peru. It is an essential means of preserving the nationality of the Indians, and in some measure mitigating the melancholy fate of that once great race, which disease and excessive labour now threaten to destroy."

Whilst rendering the preceding, the translator received from a gentleman long resident in Peru a quantity of the Coca leaves in a fine state of preservation, and not half the age as that stated by Bibra, after which its peculiar effects seem to be dissipated, a fact which the aforesaid friend very much doubts to be the case, as he has known it to be used by the Indians if in a much older condition. No doubt when fermented, as liable to become in the bags, this result may be the case.

In the next number, Pöppig's description of the over-indulgent coquero, and the analysis of the plant, together with experiments to be undertaken with the present supply, will be furnished.

Case of Poisoning by Arsenical Paper-hangings.

Clarence W. King, son of W. T. King, Esq., of Beresford-lodge, Highbury, aged three years and a half, first manifested symptoms of being unwell on the morning of Thursday, November 1st. He refused breakfast, complained of chilliness, and was sick; at 10 A.M. he was seized with convulsions, for which he was put into a warm bath, and the attack soon passed off. On my arrival at 11 A.M. he was in a semi-comatose state, his countenance placid, surface of the body warm; the bowels had acted several times, the stools passing off involuntarily, watery, bilious, and very offensive; pulse quick; tongue white; there was no abdominal tenderness on pressure. On visiting him again in the evening, I learned that slight convulsive twitchings of the facial muscles had been observed; that he had been more feverish, but was again less so; he had not been sick; the bowels were less freely relieved. Thus far there were no symptoms of so grave a character as to lead to the supposition that they were attributable to any extraordinary cause; worms (to which the child was subject), or any other irritant, might have produced them. It was on the following day, at 7 A.M., when, having been sent for on account of another child having been seized with convulsions, accompanied by violent shrieks and severe dysenteric discharge from the bowels, that I noticed the great change which had taken place in the little fellow; he was almost in a state of asphyxia, the surface cold pulse feeble, countenance livid.

The application of warmth, administration of ammonia, and frequent supplies of warm milk, after the lapse of a little time produced somewhat of reaction; but in the afternoon he was again seized with a severe tetanic convulsion (amounting sometimes to perfect opisthotonos), continued until the little sufferer sank at 12 o'clock, thirty-eight hours after the commencement of the attack. It is worthy of note that, although all these symptoms were due to arsenical poisoning, as will appear in the sequel, there was no violent sickness; only once at the commencement of the attack was the child sick, and on one occasion on the second day, when beef-tea was given instead of the milk.

A post-mortem examination was made the following day, with reference to which it may be briefly remarked that the appearances were indicative of a healthy state of the system; the child was fat and well nourished. For the appearances presented in the stomach and those parts which were forwarded to Dr. Letheby, the reader is referred to the report which is appended.

CHEMICAL REPORT, BY H. LETHEBY, M.B.

On Friday, November 2nd, I received from Dr. Metcalf, of Clapton-square, Hackney, a sample of green flock-paper, two napkins soiled with the dejections from a boy aged three years, and a bottle containing an evacuation of a girl aged two years; and on the Sunday following I received a jar containing a child's stomach unopened, a piece of liver, and a piece of large intestine,—also a bottle of food.

1. The flock-paper was of a dull pea-green tint. It had no glaze upon it, and the size which held the flock to the paper had been so far decomposed by moisture and air as to permit the colour to be brushed off by the slightest friction. The flock patterns were of a deeper green colour, and were in some places barely attached to the paper, on account of the destruction of the size. A piece of paper measuring 6 inches square (3 inches) weighed 41·47 grains; and furnished, as the mean of three experiments, 12·99 grains of an arsenical green pigment, and 5·80 grains of carbonate of lime. The arsenical pigment was found to consist of 8·44 grains of arsenious acid, and 4·55 of oxide of copper; it was therefore nearly pure arsenite of copper, or Scheele's green.

2. The dejections in the napkin from the boy were deeply tinged with bile, and became of a deep green colour with hydrochloric acid, but they did not furnish a trace of arsenic or copper.

3. The evacuation from the girl amounted to 2·5 fluid ounces. It had a deep yellow colour from the presence of bile, but it did not furnish any evidence of poison, although, from the discoloration of the copper, I at first thought that arsenic was present.

4. The stomach was unopened, and its contents were secured by ligatures at both orifices. Externally, it did not present any remarkable discoloration or sign of irritation; but on the inner surface, at the œsophageal end, there were small patches of a red colour, made up of the peculiar petechial spots which are so characteristic of arsenical poisoning. Diligent search was made for particles of

arsenite of copper, but none were found. The contents of the stomach measured five fluid drachms. They were somewhat thick, like gruel, and had a dark chocolate-brown colour. On analysis they gave a minute trace of copper, and very distinct evidences of arsenic.

5. The piece of liver weighed 945 grains. It did not present any abnormal appearance; but, on analysis, it yielded traces of both arsenic and copper.

6. The piece of intestine was somewhat redder than natural, and showed marks of irritation in the mucous coat, but it did not furnish a trace of poison.

7. The food in the bottle was perfectly free from poison.

The results of these investigations leave no doubt in my mind as to the cause of the child's death. The poisoned pigment existing in so large a quantity on the paper, together with the circumstance that the slightest friction would remove it, accounts fully for the origin of the poison; and the presence of it in the dead body answers the question as to the cause of death.

It may not be out of place to remark that the quantity of the poison on the paper is sufficient, under circumstances like the present, to be a source of serious danger; for a piece of the paper 6 inches square contains enough arsenic to destroy two adult persons; and, from the many cases of a like character which have been referred to me, I cannot hesitate to believe that the use of such papers is extremely hazardous. Within the last fortnight, I have had occasion to examine two papers which were suspected to be the cause of illness, and in each of them arsenic was present to a large extent; in one case it amounted to nearly 10 grains on a surface of 6 square inches: and it almost invariably happens that the poisonous pigment is but loosely attached to the paper, and is easily brushed off by the slightest friction. When our artificers and manufacturers will learn caution in respect of the use of such poisonous pigments I know not, for already the danger of it has been sufficiently discussed. Nor is there the excuse that, in order to meet the demand for permanent and bright colours, there is any necessity for the employment of mineral pigments. The French, who are our competitors in this matter, have long since abandoned the use of such pigments, and are yet able to outstrip us in the brilliancy of tint. It is high time that our manufacturers should imitate their example.—London Hospital Laboratory, November, 1860.—*Lancet*, December 1, 1860.

On the Pathogenesis of Alcohol,

By E. Smith, M.D., LL.B., F.R.S.

(Extracted from a Paper in *The Lancet.*)

In a prolonged inquiry upon myself and another, we took the alcohol in moderate quantities, duly diluted, on an empty stomach, in the morning and during rest; and we also noticed most carefully the general effects, and the moment of the occurrence of their symptoms, were as follows:—

1. Upon the heart, and doubtless from the local action of the alcohol.

2. Upon the brain, as shown by the consciousness, mental and sensual perceptions.

3. Upon the cerebro-spinal tract, as shown by the muscular system, and upon the reflex function of the spinal cord.

4. Upon the respiratory tract.

5. Upon the sympathetic system; but as it is not possible to show the moment when the secretion of urine, for example, is interfered with, it may be that this should have an earlier place in this order of sequence.

The details of these actions and the period of their occurrence may be thus epitomized; it being borne in mind that the experiments were made in the morning during fasting:—

(*a*) In from two to eight minutes a sensation of fulness at the crown and the back of the head, or at the temples, according to the kind of spirit taken. This was due, doubtless, in great part, to the increased force of the heart.

(*b*) In from three to seven minutes the mind was disturbed. Consciousness, the power of fixing the attention, the perception of light, and we believe, of sound also, were lessened; the power of directing and co-ordinating the muscles was also lessened, whilst there was a very marked, peculiar, continuous buzzing or thrilling, and not unpleasant sensation, passing from above downwards, and through the whole system. This latter symptom was the most pronounced in from fifteen to forty minutes, and continued, without much variation, during twenty to thirty minutes. After this period the whole effect recorded under this head diminished, and oftentimes suddenly, as was shown by the increased perception of light, as if a veil had fallen from the eyes, and by increased consciousness; but nevertheless the last power to be completely regained was consciousness.

(*c*) The increase of the action of the heart set in so soon as three minutes, and continued from thirty to fifty minutes.

(*d*) Coincident with this increase was a sense of dryness, heat, and evident fulness of swelling of the exposed parts of the skin, as the hands and face, and, also, a general sensation of heat. This was due to the increased supply of blood to the surface, and the lessened refrigeration of the skin. This increased for a time, and so much so, that, with rum especially, the skin was as harsh and dry as when exposed to an easterly wind.

After about twenty to forty minutes, this sensation of heat gave place to one of cold, which was first felt on the most sensitive part of the body in reference to temperature—viz., between the shoulders, and at length, notwithstanding the existence of a suitable degree of atmospheric temperature, it became distressing, and led even to shivering. This was sometimes so marked, and occurred so suddenly, that it gave rise to a shock. It did not correspond with the temperature of the skin, but it was usually co-existent with the cessation of the increase of the heart's action.

(*e*) The muscular system was influenced in a marked and definite manner. The action on the involuntary muscular fibres of the heart has already been mentioned. The thin layers of voluntary muscles found about the body showed great relaxation. The respiratory muscles acted in a gasping manner, so that there was a pumping and quick inspiratory effort in the earlier, and a lazy feeble expiratory effort in the later stage. At all periods there was a sense of impediment to respiration. The muscles of the limbs were inactive. There was relaxation of the muscles, and stiffness of the skin of the face, forehead, and upper lip, so that the features fell. This state of the muscular system followed the commencement of the effect upon the consciousness, and other functions of the brain, and, also, the excited state of the heart. In reference to its cessation, the power of co-ordinating the muscles was first regained, whilst the buzzing sensation and semi-cataleptic state continued, and the disposition to use the muscles was regained the last of all. There is so close a connexion between the nervous and the muscular systems, and complete consciousness is so essential in inquiries of this kind, that it is not easy to isolate the effect upon the muscles; but close attention to all the phenomena, the care taken to note them down at the moment of their occurrence, and the long series of experiments which we have made, assure us that muscular tone and power are greatly lessened; that the effect is not identical upon voluntary and involuntary muscles, and that it is not even identical upon the inspiratory and expiratory set of muscles.

(f) The effect upon the mind was also very marked and peculiar, and would have been very valuable to a psychologist in search of facts. Rum and some other spirits made us very talkative and hilarious in about ten minutes, and during about twenty to twenty-five minutes; so much so that my friend was altogether a king: but as minutes flew away, so did our joyousness, and little by little we lessened our garrulity, and felt less happy, until at length, having gone down by degrees, we became silent, almost morose, and extremely miserable. Then, indeed, we felt the horrors and the sorrows of the drunkard's lot, and saw, with a clearness which can only be perceived by such experience, how certain it is that he must again drain the intoxicating cup. Never were the extremes of happiness and misery brought so vividly before us, or seemed to be in such close proximity, as on those occasions, and never did we so deeply commiserate the slavish, miserable, and almost hopeless condition of the poor wretch who has become a victim to this fearful vice. In addition to the above we may mention that every mental perception was darkened, and that the dreaminess, which is not an unpleasant feature of it, is a condition in which neither thought nor imagination acquires power.

We suspect very greatly the statements of those who profess that fancy is then on her most airy wing, or that thoughts spring forth without the efforts of parturition, and our most charitable reply to such statements would be, that it is all a dream.

(*g*) The effect upon the secretions was very marked, and, in addition to its varying effect upon the urine, it is certain that the secretion of the salivary glands, and of the mucous membrane, was lessened, as was shown by the dry state of the mouth, and by the sore and dry condition of the tip of the tongue, which was so often present when rum was taken.

(*h*) The duration of the influence varied somewhat, both with the substances taken (being usually longer with rum, and shorter with gin), and with the season of the year. In the spring time it passed away within an hour and a half or two hours; but at other times the system continued to be disturbed, and we were depressed during the whole morning.

Thus we are led to the following summary of the mode of the action of alcohol:

1st. The action of the heart is reinforced, and by it the fulness and freeness of the circulation are maintained, and the blood is carried to the remote parts and to the surface. The tendency to accumulate fluid increases the fulness of the blood-vessels.

2nd. The action of the skin is lessened, whereby the loss of heat is reduced, the urgent necessity for food and vital transformation is lessened, and the sensation of warmth is increased.

The local action upon the stomach and alimentary canal is that of a stimulant, and increases vascular action and warmth.

These are the common and general actions of alcohols; but in some persons the skin acts more freely than in others.

3rd. Alcohol is probably not transformed, and does not increase the production of heat by its own chemical action, but indirectly, as above mentioned, and by a general temporary increase in the vital actions. Its action upon the respiration is not its important action.

4th. It interferes with alimentation, and causes the retention of water, and thereby lessens the excretion of urea; and if it lessen muscular waste (which it has been proved to do), it must be by lessening vital action. Its power to lessen the salivary secretion must impede the due digestion of starch. The diminution in the elimination of urea is due in part, as just mentioned, to the diminution in the excretion of urine by the kidneys.

5th. It lessens muscular power, and the production of certain secretions.

6th. There is no evidence that it increases nervous influence, except the action upon the heart and the elevation of the spirits be regarded as such; whilst there is much evidence that it lessens the nervous power, as shown by the mind and the muscles.

7th. It varies the balance of the circulation at the centres and the superfices, and interferes with the production of heat.

8th. It has two sets of actions.

9th. The system acquires an adapting power more or less easily and perfectly, and hence alcohols differ sometimes in their action in different persons.

10th. There are other important elements in ales, wines and spirits, having a different and independent action; so that old wines directly lessen vital action, and also directly promote transformation of food.

The dose influences the phenomena of the action of alcohols, but only in degree, although it is common to consider the action to differ in doses which are called moderate and excessive respectively, the former being stimulating, and the latter exhausting. So far as the direct action upon the mind, with its intellectual and sensual perceptions, upon the muscles, and upon the respiration is concerned, we could not perceive any difference in effect, but one of degree; but; doubtless, in indirect effect, that dose which most powerfully acts upon the system directly will be the most likely, by the disturbance of the functions of the system, to produce indirect effects which will tend towards disease.

For all medicinal and dietetic purposes, I venture to affirm that the dose only affects the degree, and not the direction of the influence.

Expulsive Gingivitis.

In a recent communication to the Academy of Medicine, M. Marchal de Calvi dwelt upon a not uncommon disease of the gums and alveola. This disease, hitherto umamed, he proposes to call "expulsive gingivitis;" and as a suggestion of treatment, based upon a series of successful cases, is appended to the essay, I deem it worth mentioning. The affection consists in an inflammation of the gum and of the tooth-socket or its lining, mostly commencing by an abscess, with a subsequent slow inflammatory process. The tooth begins to emerge from its position in the jaw, deviating from the natural direction; the gum recedes, and if the malady remains unchecked, the former is completely ejected from its legitimate lodging. The disease is mentioned by English authors, but seems to be, if not unknown, at all events unnamed in France, and constitutes the torment and bugbear of many a coquettish, middle-aged lady. M. Marchal de Calvi enumerates as the cause of this unsightly affection, first, hereditary pre-disposition; next, exposure to damp and cold, the neglect of cleanliness, and the presence of tartar round the gum, dyspepsia, or gastric irritation; and lastly, pregnancy and lactation. The remedy found most successful in cutting short the disease in its early stage, is a watery solution of iodine, to be brushed twice daily over the gum; the solution at first to be used weak, and subsequently stronger and stronger, until a concentrated form is tolerated.—Medical Correspondent of *Lancet.*

Chloroform in Insanity.

"Would you your duty to the sick fulfil?
To calm the brain at once direct your skill.
Cure the disease by aiming at its source,
And aid—not war with—Nature's helping force."
Physic and its Phases.

To the Editor of the "Star and Dial."

Sir,—An insane patient in France has lately been restored to his senses—to the surprise of everybody—by the inhalation of chloroform; and yet the *Lancet* gravely heads the statement, "Sight and reason restored to an insane patient (by what? the reader asks) by an operation for cataract!"

Still more extraordinary, Dr. Bouisson, the operator, is manifestly in sublime ignorance of the curative agency of chloroform in such cases. He affirms "that this is one of those exceptional cases in which the art of surgery has been able to push her beneficent influence beyond the limits of the material world into the domain of psychology." Sir, this is no exceptional case at all, nor had the "art of surgery" anything whatever to do with the restoration of reason. The only exception about the matter is this—that the patient, by a fortunate chance, inhaled chloroform, whereby his brain was set at rest, and he recovered his senses. I have only to add that Dr. Dickson, the author of the *Fallacies of the Faculty*, has treated lunacy by this method for years past, and with the best effect.

I am, sir, obediently yours,
BENJAMIN T. MOORE, M.D.

104, Lansdowne-place, Brighton.

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WM. DAVY AND SON, GILBERT STREET W.

THE
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ON WHAT IS TERMED FULNESS OF BLOOD TO THE HEAD, AND CERTAIN FORMS OF CEREBRAL DISTURBANCE.

By WILLIAM V. DRURY, M.D., M.R.I.A.

MEDICAL men are frequently consulted by their patients for what is termed fulness of blood to the head. This popular name has too often led to erroneous views of treatment, though not, perhaps, so frequently of late years as formerly. The error arises from the real nature of the case being overlooked, and a routine system adopted that in many cases adds to, instead of diminishing the mischief.

A patient consults his medical adviser for some of the following train of symptoms:—great heat of head; flushes of heat; sensation of fulness in head; confusion in head; loss of memory; vertigo, noise in ears, deafness; spots before eyes; oppression at chest; faintness. If constipation is present, so much the worse for the patient, as it helps to divert attention from what is often the cause of disturbance, and is looked on as the exciting cause itself. Numbness of extremities and other symptoms may also be present.

Now it is very clear that many of these may arise from an exactly opposite state. One man is of a full habit of body, lives freely, taking but little exercise, and just as likely as not thinks he requires his three or four glasses of wine to keep him up;—such a one suffers from cerebral congestion, and may die of sanguineous apoplexy. Another may suffer from and die of the same disease, the cause being less apparent. The remark is by no means uncommon, when a death has taken place from apoplexy,—"Oh, I am not at all surprised; he had a very short neck." There are others that are far more common, and of a somewhat opposite nature—cases that, because they presented many symptoms in common with the above, were formerly treated in the same way with bleeding, leeching, cupping, blistering, purgation and starvation. A more discreet modern doctor may content himself without bleeding, and tell his patient, if he survives, how fortunate he is to escape the rough handling of his predecessors, forgetting what powerful remedies he himself uses. Now the cases to which I wish to call attention are pretty sure to be made worse by this treatment; the evil is perpetuated, each fresh attack having a tendency to increased severity. I should be glad to think that medical men who have had the mental discernment to see the advantages of homœopathy were equally enlightened in their diagnosis; but unhappily the old love of antiphlogistic treatment occasionally shows itself, and we find a patient most unnecessarily kept on the lowest of low diet, when a little more liberal treatment would help materially to shorten the disease. Doubtless there are many cases, as in those first alluded to, where it is absolutely necessary to stop the supplies, but these are the exception: and at no time should starvation and sweating be made to take the place of the lancet,—forming, in fact, the treatment, while the medicine becomes of secondary importance. Low diet and moderate perspiration are often most valuable auxiliaries, but only auxiliaries—the properly chosen homœopathic remedy being the true element of cure. A man may say, I will not bleed, because I am a homœopath; but I must lower my patient, and this is best done by starvation and sweating. Now the adopting these methods really carries out an antiphlogistic treatment. Such a practitioner is not a homœopath, whatever he may call himself.

We should recollect that disease, of itself, is necessarily debilitating, and that a patient should never be brought too low by us: it is easy enough to destroy strength, but a very difficult thing to replace it. Still we must bear in mind that there is a distinction to be drawn between giving a fair proportion of easily digested food, and stuffing our patient; there is no wisdom in urging food on a stomach that immediately rejects it. Patients occasionally consult us who take their food well, but vomit it soon after. In many cases this arises from more being given than the stomach can manage at a time; the quantity in these cases must be diminished till we find what the patient can bear, while at the same time we are applying our remedies to get at the root of the evil, and restore the healthy standard. In other cases that we see, it is necessary to alter the food without lessening the amount, or even when the amount requires to be somewhat lessened, to secure that what the patient does take is of the most nourishing kind, while it can be easily digested. In fever and pneumonia we give strong beef tea, knowing that meat would seriously add to the mischief. In certain cases of debility we may give a preference to turtle soup; the palate is tempted, and this food is borne where roast beef would be disliked, or, if taken, might disagree;—the object being the same in all cases, to preserve the strength of the patient by giving a judiciously regulated amount, and the most nourishing kind of food that can be borne.

A great controversy has arisen in the allopathic ranks on the subject of stimulants, or rather the diseases in which they are required, and the quantity in which they should be given. Most practitioners wisely give stimulants in fever, and in the debilitating stages of some other diseases; but the question has been started by the late Dr. Todd whether they give them in sufficient quantity, or at the proper time. Now this is a subject requiring careful investigation, and is worthy the consideration of homœopaths as well as allopaths. Our business is not to defend dogmas, but to cure our patients; and no means should be rejected that enables us to do that in the best possible manner. I am not prepared at present to enter on this question, and very far from going the length Dr. Todd did, or anything approaching to it—for I believe the homœopathic remedies in many cases do away with the necessity for stimulants, the disease being subdued and prevented destroying the vital force, as it does when allowed to run a natural course, or when treated allopathically—but if in certain cases we can save strength by the use of stimulants, by all means let us get what good we can from them. And here I may observe in reference to Dr. Todd, that having read the reviews, in which his treatment is severely censured, before I saw his book, I was inclined to believe that he was hasty in his conclusions, and blindly rash in his administration of stimulants; but having read several of his ably written lectures, I think he makes out a very good case for himself, and that judging him as an allopath, he has not been as fairly dealt by as he ought. One great truth he has got hold of which is too frequently lost sight of—that is, to save strength, not to waste it; and though I quite admit that the administration of stimulants does not ensure the preservation of strength,—nay, that they often produce exactly the opposite effect,—still, judging as if I were an allopath, I should much prefer a moderately stimulating treatment to the reverse.

In regard to diet and stimulants my rule has been to interfere as little as possible. I forbid coffee and spices; and where I have a suspicion that anything is taken that is injurious, I forbid it. Where patients are in the habit of taking stimulants in moderation, if there is no need for a change I say nothing about them; where I think them of use I order them: but so far from laying great stress on diet, unless I have some particular reason I do not give any directions about it further than in general terms to take plain, wholesome food, so that my patients are amused when some wiseacre assures them that homœopathy owes its great success to our care in this matter.

To return, however, to the class of cases to which I especially wish to call attention—cases of disturbance of the cerebral circulation. These cases are frequently met with in practice, and owe their origin to a variety of circumstances, though they present a considerable similarity of symptoms, each case requiring care in investigating; for with a correct account of the former illnesses, habits of life, etc., and with a fair statement of the past and existing symptoms of the patient, those lamentable mistakes in the mode of treatment to which I have alluded can scarcely be made unless the practitioner has made up his mind to see nothing in the head indications but what are mixed up with sanguineous apoplexy.

Among the exciting causes which we may mention are:

Disease of the heart. This, whether a feeble heart, or an hypertrophied, or any other form of diseased heart be present, is perhaps of all causes the one that most frequently gives rise to disturbance of the circulation within the skull, and is, probably, the most fertile source of apoplexy. This I have dwelt on in a paper on "fatty disease of the heart," read before the British Homœopathic Society, and published in the second number of their annals.

Debility, whether from a naturally feeble physical development, or arising from previous illnesses. Hæmorrhages following labour, profuse menstruation, hæmorrhoids, which causes, when present, and for some time after, produce many symptoms; but as the strength of the patient improves, these evidences of disturbed health disappear, but on a return of debility, from the previous or any other cause, are apt to return.

Indigestion. This being the prolific source of so many other ailments, it would be strange if it did not disturb the brain. It accordingly gives rise, in some cases, to faintness, vertigo, and what may be termed congestive headaches. Of course if any other cause is in operation at the same time the mischief is intensified.

Mental labour. This gives rise to many forms of headache, and amongst others, congestive spots before the eyes, vertigo, confusion of sight, inability to think, and in some cases to paralysis. This may come on without much threatening. When this source of mischief has not been too long neglected, the cases are very hopeful, though a return to former habits too often brings back the attack in a far more formidable manner. When a patient has the good sense to take his doctor's advice, and is content to work half hours, a fresh attack may not unfrequently be warded off.

Mental worry. Where is the man that escapes it? That question may be fairly asked: but if we are given trouble in this life we are given hope; and this, as a friend of mine once said, "is an inexhaustible fund, on which we may draw largely,"—and if this hope is the christian hope, it is indeed inexhaustible. Mental worry would no doubt oftener lead to derangements of health of various kinds, but that in many cases a time comes when it ceases. It is, however, at times, so continued or so sharp, that head disturbance follows, and not unfrequently in the form of congestive headache or vertigo.

A diseased state of the brain or vessels. This form scarcely comes within the scope of the cases alluded to, unless there is some atonic state, and then it would m[illegible] likely depend on some of the causes already named.

Irregularity as to the amount of food or stimulants taken. Either of these causes may readily lead to a variety of unpleasant head symptoms: the pernicious practice of swallowing food without properly masticating it, or the allowing an insufficient time for meals, or the fasting for many hours are, as men in offices too often learn by experience, the source of much of the misery that they have to undergo on account of health. In like manner habits of drinking, and other irregularities, frequently break down the health and make life miserable.

The suppression of natural discharges, or the drying up of old sores, or the sudden disappearance of some skin affection, may be the forerunner of head disturbance. I have seen a child lost by the improper application of Goulard's lotion; indeed, I think it may safely be affirmed that eruptive diseases often tend to preserve the body in good health, and that a small external disease is the safety valve that prevents a mortal internal one.

Sedentary habit of life. This being so opposed to the position man ought to fill in this world, necessarily brings many evils with it, and various forms of head mischief amongst the rest. Some men are compelled by their duties to lead a life of inactivity; but if they consulted their own good, they would at a sacrifice of personal comfort make an effort to secure either horse or walking exercise during some portion of the twenty-four hours. A friend of mine, who filled a very confidential post for many years, that required close attention during many hours, adopted the plan of getting up early winter or summer, wet or dry, light or dark, and taking a walk of some miles before breakfast: this preserved his health, which otherwise would, I have no doubt, have given way under his close confinement.

Pregnancy. This often causes vertigo and faintness. One lady who has had a large family usually complains of giddiness as one of her earliest symptoms of pregnancy; so that as soon as I find she is suffering from it, though nausea and other symptoms may be absent, I at once suspect the nature of her complaint.

The treatment of these cases requires some difference according to the existing symptoms, and the source from whence they have originated. The frequency with which they are complicated with some other ailment occasionally causes much trouble, as the selection of an appropriate remedy becomes all the more difficult. Where the case is simple, some one of the following medicines will probably be found useful. There are many others that it would occupy too much time to enumerate, that may in some cases answer even better; but this can only be determined by a careful analysis of the symptoms. The most frequently required medicines are—Aconite, Aurum, Arnica, Baryta carbonica, Belladonna, Bryonia, Calcarea carbonica, Carbo vegetabilis, Conium, Cocculus, China, Glonoine, Hyoscyamus, Kalmia, Lachesis, Lycopodium, Mercurius, Manganum, Moschus, Nux vomica, Opium, Pulsatilla, Phosphoric acid, Petroleum, Silicea and Sulphur. Now of all these medicines, where there has been feeling of fulness in the head, flushings, weight in stomach after meals, the medicine I have found most frequently useful has been China 30. Glonoine is a medicine that I have also derived benefit from, and expect to find very serviceable in many of these cases.

I have already alluded generally to the administration of food and stimulants; no fixed rule for their use can be laid down; each case as it arises must be dealt with separately. At times generous diet and stimulants will be found useful; in other cases there may be no need to encourage the patient to take food, as is often done by anxious friends, and the withholding stimulants may be desirable.

Of the morbid changes that take place in the brain there is but little to be said. A little extra pressure on the brain from increased heart's action, or the reverse; a delay of blood in the vessels; a sort of atonic congestion; an over-distension or an exsanguinated state, so well represented in Dr. Burrows' plate representing the brain of an animal dead from hæmorrhage; an impoverished state of the blood, or blood that does not feed the brain in a proper manner, may any of them produce a state of deranged health that the post-mortem appearances by no means render much clearer to our comprehension. I have been led to make the foregoing observations from the recollection of many cases that I have from time to time met with; the notes of one or two will help to make the paper more complete, though I should have been glad to have preserved full notes of some I have seen.

Mary N., æt. 39, consulted me in January 1858 for a confused feeling in head; noise in head worse during the night than the day; amelioration by lying on the back; deafness; buzzing cracking in ears and snapping sensation; worse after eating. She was unmarried; menstruation regular; there were, I rather think, some other symptoms present, such as flatulence, which I do not find mentioned in my notes. She had been under allopathic treatment, and had derived some temporary benefit from blistering. Sulphur and Carbo vegetabilis were the medicines used, and from these she derived benefit. I saw this patient again in September last year suffering from an aggravation of many of the above symptoms, added to which there was very great pressure in the head. I gave her Glonoine $^{7}/_{30}$ $^{1}/_{10}$ three times a day, with directions to repeat. I saw her again four months later; she said she had derived immense relief from the medicine, and had continued very well for four months, but feeling a return, had thought it best to see me again. I gave her some more Glonoine, which medicine she is now taking.

Mr. J. C., aged about 35 (judging from his appearance), consulted me in April 1855. He complained of extreme weakness; tremulous sensation, as if ready to fall; hand shakes when drawing; loss of appetite; has a dislike to food; it produces nausea; the desire to vomit has been relieved by the expulsion of flatulence; had a pain under both ears; feels some still after pressure; a sort of shooting pain under left ear. Consulted an allopath the previous week, who gave him some powerful aperient medicine, which aggravated his symptoms.

Suffered at times from frontal headache; much thirst; that is less; vertigo on rising off a seat; felt it on coming into the air this morning; feels faint, and a great disinclination to work. Pulse weak and quick; tongue foul, white and yellow; much mucus from throat; stools dark coloured; suffered last year from eczema. I at first gave him China 30, without any marked benefit; then Puls. $^{5}/_{30}$ $^{1}/_{14}$ three times a day, for two days.

April 17th.—The report is, bowels rather inactive; coated tongue, dry mouth; vertigo while walking, or on turning quickly, felt for the moment; trembling continues; fulness of stomach; rather less flatulence; pain in stomach increased by stooping or pressure; less nausea and headache; feels on the whole better.

Lycopodium $^{5}/_{30}$ as the Pulsatilla.

20th.—Feels very much better; tongue a little foul and whitish, but much cleaner; slight unpleasant taste in mouth; better appetite; nausea, headache and vertigo gone; less flatulence; less mucus from throat; bowels regular. In two days to repeat the Lycopodium.

No more medicine was needed, the patient being cured.

Oct. 3rd, 1856.—Consulted by a Mr. C., æt. 38. Has enjoyed tolerable health till within the last four years; he has to go some distance to and from his office, but is engaged there the greater part of the day.

Four years ago was attacked with what he describes as a spasm in the region of the heart; this came on at night in bed, and lasted about half an hour; he seemed to lose his breath, but the pain was not severe; there never has been any distinct return of this; his case was treated as one of dyspepsia; he took much aperient medicine, but was not bled in any way or blistered. From that time his health has been bad; the face is red; acne appears from time to time.

He suffers now, and has done on and off since his first attack from heat and fluttering at the left side of chest, with occasional apparent stoppages of the heart's action; feels faint, but does not absolutely faint; these attacks come on most frequently two or three hours after food; suffers much at the time from flatulence; complains of a sensation as if three blunt nails were pressed into the head in the regions of hope and self-esteem; when this disappears there is an itching sensation confined to the same locality, covering a triangular space; feels these sensations all day; at night the pressure of the hand gives relief, and he falls asleep; complains also of noises in head and a feeling as if something moved; thinks that when the head is bad the chest is better, and when the chest is bad the head is better. During a period of fifteen months, dating from two years back, the head was bad, but the chest was free; pain in the head has been very bad since; it came on two years ago; reading gives very great distress, causing a feeling as if the top of the head would fly off; the bowels are pretty regular; pulse 86; heart's action regular, but rather impulsive; he suffers from heartburn and sour liquid eructations; he says he takes a good breakfast, has a crust in the middle of the day, gets home to a half-past five dinner, at which he takes a glass of ale, but no wine.

Has been under the care of Dr. Todd and his family medical attendant.

Acid. Phos. $^5/_{30}$, in half a tumbler of cold water, a dessert spoonful three times a day for two days.

6th, Monday.—Pain Saturday and yesterday more bearable than formerly; feels more energy; bowels not acted on since Friday.

Anacardium $^5/_{30}$, mixed as the former medicine, three times a day for two days.

9th.—Slight pain Monday; free from pain Tuesday, but yesterday felt incapacity for writing; looking at the *Times* newspaper this morning has again brought on an attack, but still feels on the whole better; bowels acted yesterday. To discontinue tea.

Phosphoric acid as before, for four days.

14th.—Has been tolerably free from pain during the day, but every evening after dinner the pain has been severe. Has dizziness of sight, chiefly noticed on looking at objects at a distance; in reading there is also some confusion; some slight fluttering in chest last night; pressure in head, causing a sort of boring pain.

Puls. $^5/_{30}$, in half a tumbler of water, a dessert spoonful three times a day.

17th, Friday.—Had pain in head Tuesday and Wednesday; rather less yesterday till evening; sight, if anything, less confused; boring in head continues, and sensation in scalp as of stinging with nettles.

Ignatia $^5/_{30}$, as former medicines.

20th.—Felt unable to work at his office 17th and 18th; kept free from pain; some slight pain yesterday evening; stools rather constipated; relaxed uvula.

Continue Ignatia.

23rd, Thursday.—The pains were severe Monday and Tuesday, and appeared to have fixed themselves on the left side of the occipital bone; a dead heavy boring pain; there is pressure in head as if it would burst; bad throbbing in head; reading or office work brings it on; resting the back of the head on the pillow at night causes it to come on; change of position or pressure on top of head allays pain.

China $^5/_{30}$, as former medicines.

27th, Monday.—Much pain Friday and Saturday, but felt able for office work without much inconvenience; some little return of pain in church yesterday evening,

Continue China.

Nov. 1st, Saturday.—Felt much better after medicine; took no medicine yesterday or day before; felt some return of pressure yesterday, and in evening absolute pain.

Repeat China.

8th.—Head has been bad again, always of an evening; less in the daytime; pain boring at "love of approbation" left side; noises in ear; some imperfection of vision; the pain in head is as if a nail were pressed into it, and as if it were squeezed in a vice.

Nux vom. $^{5}/_{30}$, as former medicines.

11th.—Pains less acute, but more diffused; still felt posteriorly, pain as if pressure of a nail is gone; noises in ear gone; sight better; the pain showed a tendency to cease instantaneously.

Nux vom. twice a day.

14th,—Free from headache during the day; it is slight of an evening; bowels regular.

Nux vom., a dose every evening for three days.

18th, Tuesday.—Continued better till Saturday, when the headache with tingling and pressure returned on going into a room with a large fire; it continued with severity on Sunday, and more or less till last night.

Ignatia $^{5}/_{30}$, in half a tumbler of water, a dose every evening.

21st.—Pain in head seems altered; a good deal of pain last three days; general movement, and sensation of bursting in head.

Sulph. $^{5}/_{30}$, in half a tumbler of water, a dessert spoonful twice a day.

24th.—Dreams much, which fatigues him; less of the bursting pain; has enjoyed his food for the last few weeks more than he has done for years.

Sac. lact.

27th.—Head better; less dreaming; is improving daily. On the evening of the 24th had fluttering of heart, with soreness on pressure; some shooting pain; this was gone by morning.

Sac. lact.

Dec. 5th, Friday.—Had some return of severe pains Sunday and Tuesday; pain pressive, with external stinging.

Sulphur 30 twice a day, two days.

10th, Wednesday.—Had pains on Saturday; has since been better, but has slight pains going to bed; office work has been heavy, but has felt better. No medicine.

Sulphur if pain returns.

15th.—Headache returned on the 10th; took the Sulphur; has had continuance of pain, though not severely till last night; complains of shooting pain about heart, coming on once or twice a day; rises fatigued of a morning; relief to head on going into open air.

Anacardium $^5/_{30}$, in water, a dose twice a day, two days.

After this date I find by my notes that the pains in head, and other symptoms, kept going and returning. He had Baryta carbonica, Nux vomica, Aconitum, Carbo vegetabilis. After some annoyance, to take Staphysagria if required.

1857, Friday, Jan. 23rd.—Has been better, unless slight headache; has not taken the Staphysagria; slight flatulence; some return of discomfort at chest; on lying down in bed feels a fulness and sense of discomfort about heart. On the 16th felt a sort of sudden spasm, followed by exhaustion and fluttering, lasting two or three hours.

Indigo $^5/_{12}$, in half a tumbler of water, a dessert spoonful twice a day, three days.

29th.—Pimples on face irritated by cold; heart better till last two days; since then has felt some deepseated pains in head; very acute, but not continuous; no return of spasm; memory weak.

Carbo veg. $^5/_{30}$, in water, a dessert spoonful twice a day. After this he had, with intervals of some days, Aurum and Pulsatilla 30.

March 16th.—No return of vertigo; headache slightly of an evening; had complained of the taste of his food returning after dinner; this has gone; has suffered from flatulence; is able for his office work, *but reading print* brings on the distress in head.

Cocculus $^5/_{30}$ in water, a dose twice a day, or more frequently if required. Repeat medicine once.

24th.—Has had fluttering of heart and faintness, which came on after running; increased impulse of heart; pulse weak, but not irregular.

Phos. acid 30.

April 25th.—Has taken no medicine for three weeks; head decidedly better, unless he has been worried; has been able to read as much as an hour at a time; still some fluttering at the chest, which has continued since his running to catch the train; of an evening, and at night he has the fluttering and heat in chest, also a sense of suffocation.

Pulsatilla 30. Was relieved by the medicine. Took after this Arsenicum, China, Carbo veg. 30, with intervals and with variation of symptoms till May 29th, on which day, as he was complaining of sense of lassitude and fluttering, he got Phos. acid 30.

I saw no more of him professionally, as he continued so much better, unless an occasional reminder, in the shape of headache, till 1858, January 25th, when he came suffering from a number of small boils and pimples left side of neck; these seemed to keep him free from any return of headache.

Staphysagria $^5/_{30}$ in water, twice a day for three days; stop three days, and repeat; this was again repeated on February 4th. Having some return of headache and flatulence, I gave Carbo veg. 30, after which he continued comparatively well.

While making the observations that precede the cases, Mr. C. again consulted me,

1861, Feb. 26th.—He had kept pretty well, but ten days ago began to suffer from heat in head; sense of movement; heat and redness of face; fluttering about heart; pulse 80, and intermittent. This attack was due to some anxiety. I gave him China 30.

On the 8th of March the head was much better; he had some pricking pain on back; high-coloured and rather scanty urine, with some pain in micturition. I gave him Platina 30, and afterwards, March 14th, Conium 30, as he was complaining of waterbrash, flatulence, some twitchings of left eye, vertigo, oppression of breathing only on going to bed. After this complains of vertigo, and confusion in head from mental thought; bursting feeling in head. He had Petroleum 30 three times a day.

22nd.—Bursting feeling gone; giddiness nearly so; urine clearer. He feels he is steadily improving.

To continue the Petroleum twice a day for three days.

This case I have selected, not on account of anything remarkable in the treatment, but because it is one that shows very well the class of symptoms we are often called on to treat. The functional disturbance of the heart, and the extremely troublesome head symptoms, were well marked. The greatest difficulty that I had to contend with was the allowing this gentleman to continue at his office at a time he was almost incapacitated from work, as his symptoms were very distressing, but I felt that if he were to be obliged to give up, the mental worry caused by so doing would probably have completely knocked him down. Were I to criticise my own treatment, I should, looking back on it, say that I perhaps would have done better had I given fewer medicines. In the first instance, a longer continuance of Phosphoric acid might have been judicious; but as the result of the case has been so extremely satisfactory, and so much more so than could at one time have been hoped, the treatment must have been generally correct; but whether right or wrong that is for others to decide. It is by the relating our mistakes as well as our successes, that we are to afford the opportunity to others of learning from the past.

ON ANTIMONIAL ERUPTIONS.*

By Dr. Imbert-Gourbeyre.

Many medicines have the power of producing cutaneous eruptions, however they may be introduced into the system, whether they are absorbed by the intestinal canal, the respiratory passages, or the skin.

Among the preparations of antimony, tartar emetic belongs to this category, and this is not the least curious part of its history. The ointment of tartar emetic, as is well known, causes peculiar eruptions on the skin. There are several questions connected with this simple circumstance deserving of study, and which shall form the subject of this essay.

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* This article originally appeared in the *Gazette Médicale* of Paris, and was subsequently published in the *Bulletin de la Société Médicale Homœopathique* for April last. The author, who is Professor at the College of Clermont-Ferrand, is distinguished for his researches into the effects of medicines, and although a decided homœopathist, is held in much esteem by the allopathic school. We need no apology to our readers for presenting them with this interesting, and, to homœopathists, important treatise.

The external use of antimony dates from the most ancient times; it is nearly the oldest cosmetic known, and to this day the Eastern ladies use it for painting their eyebrows,* as they did in biblical times.† The Greeks also called it *gunaikeion, platuophthalmon.* It likewise figured among the numerous cosmetics employed by the Roman ladies.‡

As a medicinal substance the ancients seem to have employed it externally, as may be seen in Dioscorides. They used it for repressing exuberant granulations in wounds, for ulcers, burns, exanthemata, *crustosas exulcerationes,* and for some affections of the eyes, for which they employed dry or fluid collyria.

They knew nothing of its emetic properties: "licet enim haec vis," says Zacutus the Portuguese, "usque ad nostrum saeculum esset occulta, et a scientissimis illis Graecis ignorata." Among so many authors, Dioscorides is the only one who makes mention of it, and that once only, in the composition of a purgative remedy, in which antimony is combined with salt and elaterium. In the 14th century Guainerius recommended its internal administration in epilepsy.

But the chemists and alchymists had already begun to torture antimony, and by various complex processes they formed a large number of preparations with this metal. §

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* Mgr. Mislin, "*Les Lieux Saints, Pelerinage à Jerusalem*, Paris, 1851."

† The following quotations from the vulgate illustrate this custom better than the authorised translation of the Bible. "Jezabel depinxit oculos suos stibio et ornavit caput suum." *Regum* II. ix, 30.—"Ecce venerunt quibus te lavisti et circumlinisti stibio oculos tuos." *Ezechiel* xxiii, 40.—"Cum vestieris te coccino . . . . et pinxeris stibio oculos tuos, frustra componeris." *Jerem.* iv. 30. [With all deference to the author, we believe that it was the edges of the eyelids and not the eyebrows that the women of the East did and still do colour by means of antimony].

‡ Ita mulieres quotidie faciunt, quum stibio oculis gratiam conciliant. Galen, l vi.; *De Sanitate tuenda*, c. ix.—Vis principalis stibii est circa oculos; manuque ideo etiam plerique platyophthalmon appellavere quoniam in calliblepharis mulierum dilatet oculos. Pliny, l. xxxiii. c. 6.

§ Lémery, in his *Traité sur l'Antimonie*, reckons 500 preparations made

The celebrated *Currus Triumphalis Antimonii* contains a full account of these various preparations. It was written by Basil Valentine, or perhaps by Paracelsus or one of his disciples, as Sprengel thinks; at all events the author, who disguises himself under a pseudonym, must have lived at the commencement of the 16th century, since he recommends his preparations for the *morbus gallicus.*

The internal employment of antimony did not really commence before that period. One has only to read the *Currus Triumphalis:* it was already denounced as a poison. The philo-antimonial enthusiasm did not shirk the difficulty; it admitted the poisonous properties of antimony, but among the justifications it appealed to the venom of the viper contained in theriacum, and even to the law of similitude.*

The therapeutic history of antimonial preparations is still to be seen there entire. † We have even allowed one of their most important applications in the treatment of skin diseases to fall into disuse.

The external employment of antimony in ulcers and cutaneous

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preparations made with this metal, and Schroeder, in his *Pharmacopœia*, indicates 33 kinds of antimonial tinctures. Murray, in his *Apparatus Medicaminum*, published at the end of last century, describes more than 100 different preparations of it.

* Antimonium merum venenum est, nec de genere minorum venenorum, sed quo homines et bestias possis perimere . . . . Hinc oritur communis illa omnium vociferatio; plebs enim, imperiti doctores, et omnes ii, quibus fundus verae medicinae est incognitus, pariter uno ore proclamant venenum, venenum! . . . . . .

Sciendum et diligenter notandum est venenum posse venenum ad se trahere utpote rem sibi similem multo citius, multoque magis, quam rem quamlibet alterius naturæ . . . . . Adeo similia amat, adeo dissimilia odit natura, ut haec fugiat, illa sequatur. . . . .

Si cui membrum aliquod torpeat frigore, non sit negligens sui, sed aquam nivalem frigidam circumponat; ita frigus attrahet, et membrum restituitur. (*Currus triumph. antimonii*).

† In the *Currus triumphalis* we find the employment of various antimonial preparations in diseases of the chest. "Quicumque angustia pectoris, spirandique difficultate laborat, aut functione laterum, liberatur usu hujus medicinae . . . . Sanat morbos pulmonum, etiam tussim malignam, et quidquid ejusmodi est indolis . . . . depellit tussim frequentem et asthma; conducit laterum punctionibus, et diuturna tussi laborantibus . . . . . Sanat phthisim, dilatat angustias pectoris, et phlegmata ex pectore."

affections has been known since the time of Dioscorides. The older surgeons, such as John de Vigo, followed this tradition. Basil Valentine also says: "Sal antimonii extrinsecus illitus mundificat ulcera maligna." Frederick Hoffmann too says: "Antimonium diaphoreticum unguentis admixtum confert etiam in externis ulceribus . . . . . Extrinsecus dessiccat, unde in aquis cosmeticis contra maculas faciei et vitiligines præscribi potest."

In spite of this tradition, the facts cited by W. Blizard at the end of last century were thought to be quite novel. The English physician applied to a great many ulcers lint moistened with a solution of tartar emetic (10 grs. to the ounce of water); he observed that this application was followed by a great deal of pain; the wound became of a bright red colour, the granulations became diminished, the ulcer became excavated. He adds, that tartar emetic applied in a dry state acts like a true caustic. (*Lond. Med. Gazette,* 1787).

There was nothing very novel in these observations, but they attracted attention, and led to the discovery of several physiological properties of tartar emetic when applied externally, and among others to the antimonial pustular eruption, which had never been before noticed.

Sherwen desired to verify the observations of his countryman. He rubbed on his hand at night five grains of tartar emetic, so as to make the salt disappear entirely beneath the skin. An hour afterwards he was affected with nausea, and the following day there occurred copious perspiration, profuse flow of urine, and slight relaxation of the bowels. Nine grains employed in the same manner produced more marked effects, but of the same character; in one case there occurred an itching eruption on the skin. (*Mem. of the Med. Soc. of London,* 1789).

Gaitskel and Bradley (*ibid,* 1795) asserted that tartar emetic can be used externally as a rubefacient. Bradley observed in one patient the supervention of nausea, anxiety and itching.

According to Jenner, Bradley was the first who in 1673 recommended frictions of antimony in rheumatic affections. He is said to be the inventer of antimonial ointment, which has been in such general use for sixty years. Therefore Lombard

(*Gaz. Med.* 1833) is wrong when he attributes the invention to the immortal discoverer of vaccination.

In 1796 the German physician Fischer, in giving an account of English medical practice,* says that he had several times opportunities of observing the effects of tartar emetic used externally, according to the mode recommended by Blizard. In some cases of rheumatism of the knee and foot, tartar emetic in the dose of a scruple in a small quantity of wine, rubbed twice a day on the affected part, produced the desired effect; its use was followed by an eruption of pustules. About the same period John Hahn, of Philadelphia, U. S., repeated the experiments of Sherwen, but without the same results. Many of the trials were unsuccessful. Other persons rubbed the pit of the stomach and the inner surface of the thigh with a saturated solution of tartar emetic: only one of them who had employed for five or six days two spoonfuls of the same saturated solution, had several attacks of nausea and an eruption on the place where he had made the frictions.

About the same time Hutchison repeated Sherwen's experiments, in order to set at rest the question as to the absorption of tartar emetic by the skin, which he proved it to do, by various symptoms produced on healthy individuals, such as perspiration, heat, somnolence and diuresis. In patients affected with itch, the nausea caused by the frictions rendered it necessary to discontinue them. In a patient affected with febrile disease, who had a solution of fifteen grains rubbed every morning and evening into the hands and feet, the feet became ulcerated, and in a rheumatic patient there occurred an eruption of small pustules after the third friction.

All these facts were rapidly made known and confirmed in Germany, as we find from Gren, professor of Materia Medica at Halle, who says in his work on Pharmacology,† that by rubbing daily the same part with a solution of tartar emetic (ten grains to the ounce), there occurred on the third, but oftener on the sixth day, an eruption that lasted several days;

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* Fischer, *Medic. und Chir. Bemerkungen über die engl. Heilkunde* Göttingen, 1796.

† Gren, *System der Pharmakologie.* Halle. 1798-1800.

the pustules became filled with a beautiful yellow pus, then they became flattened and dried up. He asserts that many of the Vienna physicians employed these frictions for rheumatic pains, but there never occurred either nausea or vomiting, which had been alleged as a proof of absorption by the lymphatics.

In 1802 Autenrieth of Tübingen wrote a letter, in which he proposed the employment of antimonial ointment in hooping-cough; he was the first to draw attention to eruptions on the genitals caused by these frictions.

Towards the latter period of his life Jenner published an essay on the employment of artificial eruptions in certain diseases, citing numerous cases of insanity, phthisis, asthma, hemiplegia, etc., cured by antimonial ointment.*

In 1822 Dr. Harray published a thesis at Edinburgh: "De usu externo tartari stibiati." He chiefly employed the tartar emetic in solution; the skin to be rubbed with a hot flannel, the liquid being as hot as could be borne. This is the best way to obtain an abundant eruption, and is a much less disgusting process than the frictions with the ointment. According to him the solution leaves no traces of cicatrices on the skin. In order to produce a certain effect, the author recommends that corrosive sublimate be added to the preparation.

Bertrand of Pont-du-Chateau presented, in 1825, to the Academy of Medicine, a memoir corroborating the excellence of Autenrieth's method: the learned body consented to the use of antimonial ointment. At the same time Valentine of Nancy advised the use of a Burgundy pitch-plaster sprinkled with tartar emetic, in chronic pulmonary diseases, and since that time the external employment of tartar emetic became one of the most ordinary remedies in a multitude of different diseases.†

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* A letter to C. H. Parry, *On the Influence of Artificial Eruptions in certain Diseases*. London, 1822.

† This preparation, as is well known, has been used in a great number of diseases; in intermittent fevers (Peysson), in diseases of the brain (Jenner, Tonnelli, Debourge, &c.) in diseases of the alimentary canal, in dropsies and in ophthalmias. More than thirty years ago M. Rayer communicated to the Philanthropic Society some successful results obtained by himself by means of emetised lotions in the treatment of severe inflammation of the conjunctiva; he went so far as to say that the antimonial plaster had a more

To this day it forms part of the revulsive treatment, which is often a piece of gratuitous torture. The antimonial ointment in particular is a preparation of which daily use and abuse is made. As in many other things its inconveniences are often much greater than its advantages, and I heartily pity those poor patients whose doctors spare nothing they have—not even their skins.

II.

We are far advanced beyond the time when Libavius, who was a chemist as well as a physician, sought to epitomize all the properties of antimony in this comical trilogy: "facit vomere, cacare et sudare." A more attentive study has increased the pathogenesis of this substance as it has that of all the other heroic medicines, and among its numerous physiological effects, its *exanthematogenic* power is not the least interesting.

Although all are now agreed as to the fact of tartar emetic causing a pustular eruption on the skin when externally applied, opinions are divided as to the explanation of this phenomenon, particularly as regards the secondary or sympathetic eruptions first alluded to by Autenrieth. That tartar emetic taken internally can produce various cutaneous eruptions, has been ignored or denied in France, although the existence of internal exanthemata is generally admitted. Before discussing these different questions, let us first examine the facts.

Obs. I.—In 1807 a druggist named Destouches, having with the assistance of his two apprentices to purify by repeated washings a considerable quantity of tartar emetic, the frequent

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energetic revulsive action than any other remedies of that sort in the most obstinate ophthalmias, in pannus, glaucoma and amaurosis. It is worthy of remark, that more than a century and a half previously Fred. Hoffmann employed the same language as M. Rayer: "In lippitudine oculorum molestissima, cum *unguis et panni metu* . . . . . idem sulphur exilissima dosi . . . . . suppetias tulit optatissimas, teste Il. Schradero in dissertatione de medicamentorum galenicorum et chimicorum necessitate." (F. Hoffmann, *De mirabili sulphuris antimonii fixati efficacia*). Thus we have one more proof that there is nothing new under the sun. Did not Pliny himself say; "Vis principalis stibii et circa oculos?"

contact of the salt with his hands, irritated some old chaps that had cicatrized; there became developed on them some pustules, which extended to the nasal fossæ, the margin of the anus and the glans penis. (*Memoires de la Soc. Medico-Philanthropique.*)

Obs. II.—Application twice a day of antimonial ointment to the epigastrium of a patient. The usual eruption appeared on the place where the frictions were made, but small red pustules were likewise produced on the genitals. (Horst, *Hufeland's Journal,* Feb. 1813.)

Obs. III.—In a soldier aged 24, treated by antimonial frictions on the abdomen, for obstinate intermittent fever, the ordinary eruption appeared on the part rubbed, and at the same time pustules occurred on the genitals and arms, although those parts had not been touched by the ointment. (Pommer, *Hufeland's Journal,* 1823.)

Obs. IV.—M. Merat saw antimonial frictions produce eruptions not only on the place where they were employed, but also on the rest of the body. M. Husson tried to explain this fact by alleging that the patients in scratching themselves had conveyed portions of the tartar emetic to different parts of their skins. But in reply to this, it was stated that it had been observed in infants in swaddling clothes, and in cases where in place of the ointment, the antimonial plaster had been employed. (*Séance de l'Académie de Médecine,* Oct. 25, 1825.)

Obs. V.—A child 13 years of age was seized with epileptiform convulsions and amaurosis following scarlatina. Frictions on the head with antimonial ointment for some days; owing to those frictions being continued the scalp became covered with tinia favosa, and there appeared, to my astonishment, on another part of the body, particularly on the scrotum and penis, which had not been touched by the ointment, some pustules exactly similar to those which occur on those parts of the skin where antimonial ointment has been rubbed in, that is to say similar to the pustules of variola. (Hausbrand, *Hufeland's Journal,* 1826.)

Obs. VI.—We once observed these pustules occur on the fourth day of the frictions, and before the local eruption on the genitals, or rather at the bend of the thigh, in an old woman. It is, in fact, noteworthy that in some persons the local eruption is sometimes late of appearing, or is limited to a small number of pimples that soon attain a great development; sometimes also it appears at the circumference, and not all over the surface rubbed, at other times it appears above, and in some cases at a distance from this place. (Merat et Delens, *Dict. de Mat. Méd.* art. *Emétique*, 1831),

Obs. VII.—Pustular eruption on the genitals following the external application of tartar emetic to the back. N—, 23 years old, pulmonary catarrh. Application of a Burgundy pitch-plaster, sprinkled with ten grains of tartar emetic between the shoulders. Suppuration for a month or five weeks. It had gone quite off, when there occurred on the genitals and mons veneris, on the external parts of the labia majora, on the groins and on the superior and internal parts of the thighs, a large quantity of round whitish pustules, precisely similar to those of vaccinia or variola. Nothing on the clitoris, the labia minora or the internal parts of the labia majora. Much itching the first days of its appearance. A cure took place at the end of a week by the dessiccation of the pustules. (Ollivier, *Gaz. Médicale*, 1832, No. 123).

Obs. VIII.—In a child six years of age, treated for hooping-cough by antimonial frictions at the base of the thorax, there appeared on the part rubbed a plentiful eruption of pustules, but at the same time the right half of the scrotum and the internal parts of the thigh in contact with it, became covered by numerous pustules; the eruption was very painful.

In a man of 25, treated in the same way for gastralgia, there appeared on the third day an abundant eruption at the part rubbed, and the following day a very considerable and very painful pustular eruption all over the scrotum. The patient, who was quite sure that he had not applied the ointment to that part, was very much alarmed. He however ceased to be so when informed that this was a very frequent natural effect of the ointment.

In the hospital of the Faculty of Strasburg, from 1823 to 1825, I saw two patients who were treated by antimonial frictions on the epigastrium, have a sympathetic eruption of pustules on the scrotum. (Luroth, *ibid,* 1833.)

Obs. IX.—It has already been observed that Autenrieth's ointment caused eruptions on the part rubbed, and also on the genitals. Of course it was said that the patients conveyed the ointment there with their hands. Without rejecting this explanation, M. Bérard, junior, thinks that we should also admit that in some cases the medicine is conveyed by absorption. Several instances of this sort seem to leave no room for doubt. I have a certain number of observations of this kind, but what I had never yet seen, was the medicine proving refractory at the place where it was applied, and exercising all its action on the external genitals. Then follow three cases illustrating this occurrence. (Bergeon, *ibid,* 1833.)

Obs. X.—Madame N. had been suffering for a year from chronic cystitis. Aware of the want of success that had attended the means hitherto used, I prescribed the application to the upper and internal part of the thighs of two Burgundy pitch-plasters, sprinkled each with six grains of tartar emetic. Two days afterwards the skin from the waist to the knees was covered with an infinite number of small pimples, which itched in an intolerable manner, compelling her to scratch till the blood came; the external parts of the genitals were very much swollen. The following day headache, difficulty of moving the eyelids, and feeling of tension in the face and neck; these parts were perceptibly smoother, and on various parts were small prominent patches, resembling nettle-rash. After six days of rest and emollient lotions, this exanthema disappeared. I do not hesitate to attribute it to the tartar emetic. At the same time the dysuria had completely disappeared. (Degardin, *ibid,* 1833.)

Obs. XI.—Dr. Pedrecca prescribed for a patient frictions of tartar emetic on the chest. To his great surprise, though he used several drachms of tartar emetic, no eruption appeared on the skin where the friction had been applied, but as the patient grew better, Dr. Pedrecca ceased to see her.

Three weeks afterwards she called him in to show him a pustular eruption, which three days previously had appeared on her feet. All the surface up to the lower third of the leg was covered with a confluent eruption of pustules like those of variola, or rather like the pustules caused by the endemic application of tartar emetic. These pustules gradually faded and disappeared; then fresh ones came in their place, which likewise disappeared in course of time.

Dr. Pedrecca affirms that the ointment had not been brought in contact with the feet either voluntarily or involuntarily. (*Antologia Medica di Brera*, Venice, June 1834.)

Obs. XII.—A young lady was affected with semi-paralysis of the lower limbs. After trying various remedies, Dr. Poletti had recourse to antimonial frictions on the dorsal and first lumbar vertebræ; but though frequently repeated, they failed to produce the eruption he expected. The patient experienced severe heat and severe pains in the anus, but the frictions being discontinued, the symptoms of irritation about the anus ceased, and Dr. Poletti was not aware at the time that there was a development of acuminated pustules on the part where the heat and irritation had existed.

Some time afterwards he had again recourse to the frictions, and as before the symptoms about the anus were not long in showing themselves. There appeared there swollen and painful pustules, like those that ordinarily occur after antimonial frictions, and which had not appeared upon the back. In this case, in consequence of the state of the right arm (paralysis) and of the inability of the patient to lie otherwise than on the left side, there would be no suspicion of the application to the affected part of any portion of the ointment. (*Antol. Med. di Brera*, Venice, Sept. 1834.)

Obs. XIII.—Lohmeyer, a German physician, made a careful study on the persons of the workmen employed in the antimony manufactories, of the effects of the vapour of this metal, which, according to him, contains antimonic and antimonious acid, oxyde and chloride of the oxyde of antimony.

On one workman he observed, among other symptoms, dysuria, pains in the bladder, a sensation of burning in the urethra, a varioloid eruption on the scrotum, pains in the testicles, with diminished sexual power amounting to impotence, absence of seminal emissions and of erections. There was, at the same time, atrophy of the penis and testicles.

The same state of impotence and atrophy in a second workman, a particular eruption on the neck, the body and the genitals, where it was very severe.

In a third workman, the same symptoms in the bladder and urethra, with dislike for and inability to perform coitus. At the same time an intense pustular eruption on the left neck and arm, less vivid on the body, but very greatly developed on the scrotum, preventing him walking.

In a fourth workman, a pustular eruption on the joints of the superior extremities, very well marked on the hypogastrium and genitals, with pains in the testicles and strangury; dislike for coitus, atrophy of the testicles, and finally impotence. (*Caspar's Wochenschrift*, 1840).

Obs. XIV.—Three cases of eruption on the scrotum, the consequence of antimonial frictions on the abdomen and knee. The patients affirmed that they had not touched their genitals. (Griffith and Pitt, *Lond. Med. Gaz.* 1842).

Obs. XV.—Two years ago I had the honour to communicate to you some facts, illustrating the sympathetic action of tartar emetic on the skin of the genitals. I was convinced that such was the case, because I was certain that the persons who used the tartar emetic ointment had not touched the skin of their scrotum with it, and because of the peculiar disposition of the pustules, which were only on one side of the scrotum, and which would certainly not have been so confluent from merely passing the hand over the skin whilst using the ointment.

Since that time numerous circumstances have occurred to confirm my opinion. A short time since a lady affected with coxalgia employed antimonial frictions, and under their influence there was produced an eruption of a large number of pustules, not only on the parts rubbed, but also on the abdomen, betwixt the shoulders, and even on the hairy scalp.

To convince myself more positively that the medicament was really absorbed, we advised her to let her maid make the frictions, and still, in spite of that precaution, a large number of pustules appeared every time on the chest, the back, and the eyelids. (Padioleau, *Bull. de Therap.* 1843.)

Obs. XVI.—A woman aged 60, affected with chronic bronchitis, was subjected to friction with antimonial ointment on the anterior surface of the chest. After the lapse of forty-eight hours a thick eruption appeared, and at the same time the patient complained of severe itching on the abdomen and genitals. Those parts were found to be the seat of a pustular eruption; two large pustules were situated a little above the left groin, and a large number of others covered the pubic region and labia majora, especially on the left side; some were even formed at the entrance of the vulva. The patient asserted that she had made the frictions by means of a small pad of flannel.

A month afterwards another attack of bronchitis; the same ointment was used. This time the patient took great care in making the frictions. Pustules first appeared on the chest; two days later, itching on the abdomen and external genitals, speedily followed by a pustular eruption. Having carefully examined the pustules, I was convinced that this time, at least, the eruption was not produced by the immediate contact of the ointment. (Van Oye, *Annales de la Soc. Méd. de Chir. de Bruges*, 1846).

Obs. XVII.—For thirty years I have made frequent employment of antimonial frictions. I have always enjoined the utmost precaution to prevent the ointment being conveyed by the fingers to other parts. Very frequently I have observed that when the pustular eruption was very copious on the place where the ointment had been applied, eruptions similar to the primary pustules were developed on the genitals. If this secondary eruption was caused by contact with the hands smeared with the ointment, I am at a loss to understand how it is that it is always on the genitals that the pustules appear, and not on the eyes, the nose, &c., which children touch very frequently. I am of opinion that it is not necessary that the tartar emetic should pass through the circulation, but at the same time I believe it has a peculiar action on the sexual organs. (Siméons, *Gaz. Méd.* 1848, p. 192).

Obs. XVIII.—In a large number of persons whom I have subjected to the endermic antimonial treatment, I have remarked these consecutive eruptions on different parts of the skin. After antimonial applications to the foot, to the hip, to the arm, I have seen eruptions appear on the neck, the axilla, the chest, and even the hairy scalp; but the secondary antimonial eruptions especially affect the scrotum and the parts around the anus.

One might suppose, and I did so myself at first, that these secondary eruptions were owing to the conveyance, by the fingers of the patient or otherwise, of a portion of the antimonial ointment; but the extent of the eruption, its seat, and the period when it makes its appearance, remove all doubt on the subject. Thus it is by no means rare to see these consecutive eruptions cover the whole surface of the body.

In the case of a lady who had applied the ointment for three weeks to the left hip, we saw the neck, chest, back and posterior part of the hairy scalp covered with an eruption precisely similar to a varioloid. As regards the seat, I have stated that it was especially around the anus and on the scrotum. In several instances where it appeared on these parts, I took care, after every application of the ointment, to have the part where the friction had been performed, well wiped, in order to prevent any chance of the conveyance elsewhere of the drug.

In the *Gazette Médicale* for 1832, p. 845, there is the report of the case of a patient in whom the pustules were developed on the scrotum five weeks after the removal of an antimonial plaster that had been applied between the shoulders.

In an officer whom I had treated for a subacute gouty pain in the tarsal joints with tartar emetic ointment, a general eruption appeared more than a fortnight after the application of the remedy had been discontinued. In this patient the general eruption coincided with the commencement of the local eruption. (J. Guerin, *Essai sur la methode stibiodermique,** *Gaz. Méd.* 1851.)

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*The work of Dr. Guerin is an excellent study of the external application of tartar emetic. The author has dwelt particularly on the physiological effects, and on comparing them with the therapeutic powers, he has come to the conclusion that there is a sort of tolerance for tartar emetic absorbed by the skin, as Rasori had found in the case of its intestinal absorption. Rasori's

OBS. XIX.—I wished to obtain a verification of what I was already quite convinced, by taking the greatest precautions to avoid the transference of the tartar emetic. In five applications of the antimonial ointment to the dorsal region, I only once saw an eruption appear on the scrotum. The ointment was used on a young soldier, and rapidly produced a considerable eruption.

From the sixth day the patient complained of itching on the scrotum, and on the ninth day I noticed five pustules on the scrotum and three on the penis.

About the same time I saw under the treatment of one of my colleagues, a considerable eruption on one side of the scrotum, very painful, and consisting of large pustules filled with a sanious fluid. The patient had worn for some time an antimonial plaster on the back, and the intense scrotal eruption could not certainly be accounted for by any mechanical transference of the drug.

Among two cases of the application of the ointment to the epigastrium, one presented three or four pustules on the internal surface of the prepuce.

These are the chief observations I possess corroborative of a fact now generally recognised, viz. that antimonial preparations employed externally very frequently give rise to symptoms on other parts besides the place where they were applied, and chiefly on the ano-genital organ.

Many observers suppose that these distant eruptions are owing to the absorption of the drug which proceeded to the different parts, and there produced a sympathetic exanthema;

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system has very properly been rejected: it may be asserted that *intolerance* of a medicine is nothing but its liberty of physiological action, whereas its tolerance is merely its more or less complete absence of action when there is a morbid state present for it to overcome. The remedy tolerated generally effects the cure. Mercury salivates and inflames the throat, but if it is administered in a case of cynanche, it much less frequently produces its physiological effect; it is then perfectly tolerated, and it cures. In reality the tolerance Rasori speaks about is but a confirmation of the law of similars, and the curious facts cited by M. Guerin concerning tartar emetic applied to healthy joints and the same parts affected with arthralgia, have their natural explanation in the celebrated Hippocratico-Hahnemannic law.

others on the contrary (Husson, Rayer, Giacomini, Ricord, Bonamy, &c.) have maintained that these pretended sympathetic eruptions were due to the direct transference of the preparation to the affected parts. M. Bretonneau is said by M. Trousseau to have demonstrated that they were produced by the direct contact of the antimonial salt, which was conveyed by the motions of the body, by the clothes, and still more frequently by the hands of the patient, and he succeeded in demonstrating the existence of the tartar emetic which was mechanically accumulated on the bend of the thigh. (*Traité de Therap. et de Mat. Med.* 1855, t. i. p. 688).

Autenrieth, who was the first to direct attention to the anogenital eruptions, believed in the absorption of the drug in such cases.

As is evident, this is a question between dynamism and mechanism. As for myself, I believe that in such cases the effect is purely dynamic, or to speak more simply, an internal and not an external effect; a point easily determined by discussion. I employ this term *dynamic,* although I do not consider it exactly correct, for the external action of a drug is just as dynamic in the etymological sense, as its internal action the effect of absorption. But the current meaning of the expression referring to the effect of an absorbed medicine, to the external action, I employ it in this sense after this protest.

On reading attentively the nineteen observations above cited, the impression of the *dynamism* of tartar emetic applied to the exterior could hardly fail to be conveyed, and if we analyze and reason upon the facts themselves, this impression will be strengthened into conviction.

1st.—Several patients subjected to antimonial frictions, asserted that they did not touch the parts of the body which were the seat of the sympathetic eruptions. (Obs. VIII, XI, XIV, XV, XVI, XIX.)

2nd.—The medical attendants themselves, with the view of proving a purely dynamic effect, took great precautions in order to prevent any interference of the antimonial ointment. (Obs. XV, XVII, XVIII, XIX.)

3rd.—These sympathetic eruptions have been observed on infants constantly kept in swaddling-clothes, and in patients whose limbs have been paralyzed. (Obs. IV, XII.)

4th.—It has been said that the ointment becoming liquified by the heat of the skin, ran down to the lower parts, and there caused the eruptions; but were that the case, why did no eruption occur in the intervening parts? Between the epigastrium and the genitals there ought to have been a regular track of pustules, which however was never the case.

5th.—In some cases the right or the left side of the scrotum was alone affected, confirming the truth contained in the old thesis, " De homine dextro et de homine sinistro." This demarcation, so precise as to recal the phenomena of Zona, could not be explained by the mechanical interference. (Obs. VIII, XV, XIX.)

6th.—How can the extent and regularity of these eruptions be explained on this hypothesis? Eruptions over the whole skin have likewise been observed. (Obs. XVIII.)

7th.—The antimonial eruptions on the place where the ointment has been rubbed in, leave cicatrices; the sympathetic eruptions, as far as I have observed,* do not do so. Could this be so on the hypothesis of mechanical transference?

8th.—If the fingers of the patient are the cause, how does it happen that these secondary eruptions do not occur more frequently, and especially how they do not occur very often on the eyelids, the nose, the lips, the cheeks, the face? They have never been seen in those situations. Is the skin of the face insusceptible, or if not, does not the patient apply his fingers to it hundreds of times every day for three or four times that he applies them to the ano-genital region?

9th.—What are we to think of those cases where the pustules fail to make their apperance on the spot subjected to the frictions, but are developed elsewhere? In this case there is complete suppression of the physico-chemical or mechanical effect, and production on another part by the pure dynamic action. (Obs. IX, XI, XII.)

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* I put forward this opinion with due reserve; I have not witnessed a sufficient number of cases to affirm it positively.

10th.—How can we explain on the mechanical hypothesis the interesting observations of Lohmeyer, where in addition to the scrotal eruptions, such serious symptoms were developed in connexion with the genital organs, which were affected with impotence and atrophy? Is not this purely dynamical, and does not the serious character of the symptoms depend on the mode of absorption, namely, by the respiratory passages?

11th.—Taking for granted the mechanical hypothesis, how is it that the ano-genital eruptions are not more frequent? Now this is an extremely rare instance of physiological action compared with the frequency with which antimonial frictions are employed. Nothing is more common than the rubbing in of antimonial ointment on the pit of the stomach; nevertheless few medical men can boast of having often seen scrotal eruptions under such circumstances.

12th.—Finally, what can we think of those cases where the frictions having been long discontinued, the antimony really absorbed betrays its presence at the end of a fortnight or three weeks, or longer (Obs. XVIII), thus testifying to the long duration of its action * on the organism?

These are certainly a sufficient number of reasons to upset the mechanical hypothesis; but there is a still better one which has hitherto never been thought of, and that is that tartar emetic admitted internally, has actually the power to produce spontaneous eruptions externally.

"Is it not remarkable," writes a recent observer,† a decided partisan of the *pharmaco-mechanical* school, "that there is no instance on record of the external employment of tartar emetic being followed by the antimonial angina, or of its internal exhibition giving rise to the ano-genital eruptions?"

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* The duration of the action of antimony (sulphuret and tartrate) lasts from thirty to forty days, like most metallic substances. We have proof of that in Obs. VII. and XVIII.

† Poulet, *Epidémie Typhique de Plancher-les-Mines.* (*Union Médicale,* 1857.)

In this sentence there are two assertions and two errors. The first shall be refuted by-and-bye; let us commence with the second.

I have never observed the internal employment of tartar emetic cause external eruptions; such cases are very rare. But others have seen them, as the following observations testify.

Obs. XX.—Ægrota vidua, cui medicus tincturam antimonii præscripserat, ejus cochleare plenum absque vehiculo assumit: ex quo pustulæ in faucibus oriuntur, maculæ et exanthemata rubra per totum corpus erumpunt, accedente gravi delirio. (Gohlius, *Medic. Pratic. Clin. et Forensis*, Lipsiæ, 1734.)

This is the only instance of eruption caused by the internal administration of antimony that I can find in medical records before the present century. The pustular eruptions in the mouth and even the delirium show that the exanthema that appeared on the skin should be ascribed to the drug.

Obs. XXI.—In a case of pneumonia treated by the white oxyde of antimony, in the dose of from 20 to 24 grains, there appeared, the fourth day, an eruption of small pimples, similar in their confluence to those I have had occasion to observe on the genitals as a consequence of the external use of tartar emetic. I have observed the same phenomenon in other cases of peripneumonia treated by the white oxyde of antimony. (Michel, *Gaz. Méd.* 1835, p. 310).

Obs. XXII.—A girl of 14 took in the course of a fortnight a scruple of tartar emetic internally. Some days after leaving off the medicine, there appeared a varioliform eruption, which ran a course exactly like that produced by tartar emetic ointment. (Crichton, *Verm. Abhandl. von einer Gesell. prakt. Aerzte zu Sanct-Petersburg*, 1835).

Obs. XXIII.—A fisherman, aged 34, was treated for pneumonia by tartar emetic internally. He took 10 grains of it in aqueous solution in the course of thirty-six hours. Twenty-four hours after the last dose there appeared an eruption having the most perfect likeness to that caused by tartar emetic ointment; the resemblance also struck another medical man who saw the eruption when at its height. This eruption consisted of pimples and vesicles, which increased in size rapidly. Two days afterwards they were full of pus, surrounded by a red areola, so that they resembled true variolous pustules; they were besides extremely painful. After a few days they dried up, and formed scabs. Some of the pustules were larger than others, like those of ecthyma. The eruption commenced at the internal surface of the forearm, then spread all over the back, where the pustules were in some places discrete, in others confluent. (Boeckh, *Medic. Zeit. vom Verein in Preussen*, 1845.)

Obs. XXIV.—In croup I have used tartar emetic in large doses for the last fifteen years, for children of all ages; I may say I have employed it with extreme boldness, for I have given to children of three or four years of age as much as 9 grammes in the course of three or four days, and I have obtained a cure without any accident. I have indeed sometimes met with *some slight antimonial eruptions*, not very numerous, *on different parts of the body.* (Constantin, *Gaz. des Hôp.*, 24th March, 1859.)

But besides these few observations which I have succeeded in collecting from one source or another, in spite of the few materials at my command, there are to be found some general affirmations on this point of pharmacodynamics. We might look for them in vain in French authors; we must apply to the learned and studious Germans, with whom antimonial eruptions from the internal use of the drug are now and have long been a common conviction, and a scientific fact.

On looking into the dictionary of Materia Medica, by Sachs and Dulk,* we find the following observations, of which I give here an abstract. Antimonials administered for a long time together, and in moderate doses, in the end produce a cachectic state. There is an antimonial just as there is a mercurial cachexia. It never assumes an acute form, as sometimes happens with the mercurial affection. Loss of appetite, dyspepsia, nausea, intestinal secretions increased and deranged, &c.; such are the symptoms of the antimonial cachexia; but what characterizes it chiefly are the cachectic symptoms that appear on the skin, impetiginous eruptions of various forms, herpes, erosions, ulcerations. At other times the pimples assume the form of acne. It is important to pay attention to this kind of eruption, especially in the antimonial treatment of scrofula, for this exanthema might be mistaken for an effect of the disease, whereas it is caused by the remedy. Whereas the mercurial cachexia occurs in the acute or chronic state, whatever be the preparation and its mode of application, the antimonial cachexia is only produced by the introduction of the drug into the alimentary canal, administered for a long time in moderate doses; its external application causes no general action attributable to it. (*Art. Stibium*, p. 799.)

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* Handwörterbuch der praktischen Arzneimittellehre. Kœnigsberg, 1830-39.

The same facts are repeated in most of the German treatises on Materia Medica (Vogt, Œsterlen, &c.) I should observe by the way, that the authors just cited do not belong to the school of Hahnemann, which on this point of pathognesis has done nothing but copy the results of the traditional school without adding anything thereto. I particularly mention this distinction of school in order to reply beforehand to certain prejudiced minds who ascribe a homœopathic origin to everything that seems new to them in medical physiology, and on that account reject it with scorn. All who in France speak or write against Hahnemann belong in general to this category. These imperturbable casuists have no notion that they amuse themselves by firing constantly on their own soldiers. It would indeed be very easy to demonstrate that as regards medicines long known Hahnemann really invented nothing, and that in the domain of pharmacodynamics he was the real conservator of tradition. When we go to war we ought at least to know who our enemy is.

It is then established by direct proofs that tartar emetic, in whatsoever way it is administered, produces various eruptions on the skin, most generally of a pustular character: it is an *exanthematogenic* medicine.

To the direct proofs let us add the proofs from analogy. Antimony bears the strongest resemblance in point of physiological and therapeutical action to arsenic and mercury. We might say of these three medicines that they are brothers, or at least cousins. Science has long since exhausted all that could be said respecting hydrargyrosis, and on the other hand I endeavoured, three years ago, to give a tolerably complete history of the arsenical symptoms.* Now, would any one venture to maintain that mercury and arsenic administered internally do not cause exanthema externally, and that their application to the skin has never anything beyond a mere local action? Neither could any one say the same of antimony.

One might go still further, and affirm with reason, that the antimonial pustulation due to the ointment is not in reality a purely local physico-chemical effect; that it is especially the result of a general action, an effect of the absorption of the drug, a real internal action; it is a pure dynamism, not referrible to the laws of physics or of chemistry. And this for four reasons:

1st. Were it a purely physico-chemical effect it ought to occur immediately or very rapidly. Now the pustulation does not commence to appear until after frictions repeatedly employed during at least forty-eight hours.

2nd. How can this constant form of pustulation be explained physico-chemically? Is it not evidently an entirely internal process?

3rd. Cases have occurred in which the ointment has not caused any eruption on the part where it was rubbed in, the exanthema appearing elsewhere.

4th. A large number of authors have observed, under the influence of the external application, a series of general symptoms which often accompany the antimonial eruption.

For these reasons, then, we may say, that the external application of the drug is the usual but not necessary *condition* of the exanthema, but that it is not its cause. It requires, if I may be allowed the expression, that the drug should complete the grand current of induction of the organism and return to its point of departure, there to produce its dynamic effect. Sometimes the medicinal current is diverted, and the exanthema appears elsewhere. In addition to the usual current it may, further, create for itself special currents. These are local elective attractions; thence arise sympathetic exanthemata.

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* Histoire des Eruptions Arsenicales, *Moniteur des Hôpitaux*, 1857, No. 155.

The same considerations may be applied to all drugs usually administered externally, and thus *pharmacomechanics* may be considerably abridged to the profit of pharmacodynamics.

Giacomini, struck by the hypersthenisant action of tartar emetic on the skin, which he believed contradicted the theory hyposthenia, refused to see in it any dynamic effect, and went as far as to assert that an ointment of pounded glass produced the same effects, that the tartar emetic only acted because it was imperfectly triturated, and that when dissolved it never caused pustulation. But M. Vanoye demonstrated that an ointment of pounded glass never caused real pustulation, and that there was no relation in form, colour or other characters, betwixt the antimonial pustules and the pimples caused by the mechanical action of the glass. Again, it is absolutely false that the solution of tartar emetic, whether used alone or mixed up with lard never causes pustulation. This assertion is contradicted by Giacomini's translator himself, by the first observations of some English medical men, by those of M. Vanoye and others. I wished to verify this fact, and I succeeded in obtaining the erythema, and even, though more rarely, the pustules. It certainly appeared to me the pustulation was more easily excited by the ointment than by the antimonial solution.

It will naturally be asked how it is that no one in France has spoken of external antimonial eruptions caused by the ingestion of the medicine. Besides the general reason that but little attention is paid by French physicians to pharmacodynamics, we must bear in mind the conditions under which the exanthematogenic action of antimony is manifested. It is when it is employed in moderate doses and for a long time, as occurs in the workmen engaged in the antimony manufactories, or in some chronic diseases, scrofulous and others, in which it has been often administered. Now in general the employment of antimony as an alterative has long been abandoned in France, and we do not often employ antimonial preparations and tartar emetic except intercurrently as an emetic, or in pneumonia for a few days only. In the first case it has not time to act; in the second the same may be said, though it does commence to produce internal eruptions; and on the other hand it seems to exhaust its action on the disease it has to combat. Moreover, every one knows that metallic medicines take a much longer time than vegetable drugs to develop their symptoms. Such is the case with iron, lead, arsenic, &c. And even where they act stormily and in poisonous doses, there is always a series of symptoms that develop themselves very slowly. As regards artificial eruptions produced by the internal exhibition of drugs, arsenic is an example. Judging from my experiments, it requires several days, a week in the generality of cases, for the production of the eruptions when they do occur.

(*To be continued.*)

CASES OF DIABETES MELLITUS.

By Dr. Ransford.

(Read before the Manchester Homœopathic and General Medico-Chirurgical Society, April 25, 1861.)

On December 8th, 1854, I first saw Miss E—, æt. 14, living in the country, a few miles from York. She was a child of very delicate pallid appearance; had never menstruated; her appetite was voracious; the bowels loosely moved two or three times daily, with inclination to evacuate them more frequently, but without effect; she complained of frontal headache; weak sight, especially at night; tongue red at the tip, with elevated papillæ; slight cough, with little expectoration. Auscultation proved the lungs to be free from organic disease. The patient was at the time under allopathic treatment, but was brought to me at the suggestion of a friend. She was taking steel wine without any good results. I requested that the urine and fæces might be kept for inspection, and was much surprised at the greatly increased quantity of urine voided. The fæces were blackish, the effect of the steel taken; her skin was dry. By the advice of her physician she had taken animal food three times daily; vegetables and farinaceous food had been forbidden. I made no alteration in her diet, and ordered Calc. carb. 12 night and morning. Five days after this her tongue was less red; the cough and expectoration had diminished; the bowels were still loose; the stools of a dark colour; the quantity of urine and fæces exceeded that of the ingesta. The urine was subjected to analysis by a competent chemist, who found in it sugar in considerable quantity, but no albumen, Unfortunately the specific gravity was omitted to be taken. The patient's weight at this time was 5 st. 11 lb. On my giving a somewhat unfavourable prognosis, the late Richard Key, of York, was consulted, who confirmed my diagnosis, and expressed doubts as to the patient's recovery. She continued under my care. A slight moisture on the skin became perceptible on the fifth day after the exhibition of Calcarea. Exercise in the open air was ordered, and a diminution in the quantity of animal food. Phosphoric acid 6 was substituted for Calc. carb. The stools became firmer, and of a lighter colour. On the 23rd Phos. acid was discontinued, and Calc. carb. resumed, which was changed for Phos. acid 6 after another week; between these two medicines Sac. lactis was occasionally interspersed. A month after she commenced treatment, I substituted for these remedies Calc. phos. 3, which she continued without interruption for a fortnight, taking occasionally a little Aconite also. In February the Calc. carb. 12 was resumed, followed after a week by Sulph. 6, and at this time cod liver oil was ordered. On the 16th of February a threatening of cynanche tonsillaris induced me to substitute Baryta Carb. 12, which in alternation with Aconite 3 relieved these symptoms. Calc. carb. with an occasional dose of Aconite, completed this little girl's cure. My attendance was not required after March 25th, 1855, the duration of treatment having been fifteen weeks; her weight now was 6 st. 2 lb., being an increase of upwards of five pounds. The urine was normal in quantity, and every trace of sugar had disappeared. She has enjoyed good health since that time.

The second case which I wish to make a few observations upon is that of a young gentleman, æt. 18, whose parents reside in the immediate vicinity of Manchester, and who have for some years been the patients of my friend and partner Dr. Phillips. On visiting another member of the family, the brother of the boy stated his case to me,—that he had just arrived at home from a school in the neighbourhood of London suffering from diabetes, for which no cause could be assigned; but it is proper to mention that his father has hydrocele, for which he has been tapped once. The boy had been treated by an eminent allopathic surgeon in London, whose prescription was Tinct. ferri muriat. with the addition of Muriatic acid, good nourishing diet, and a removal home. I was asked whether I chose to undertake such a case; having consented to do so, I was introduced to the patient, a fine healthy looking lad. The only symptoms were a largely increased secretion and excretion of urine, and two or three loose evacuations, of a dark colour, daily, such evacuations as are usually seen where steel has been exhibited; his appetite was good, but not voracious; he took a little port wine daily; the only restrictions which had been placed upon his diet were potatoes and pastry. On subjecting the urine to analysis, sugar in considerable quantity was discovered, and *albumen* likewise. I ordered Phosphoric acid one drop, to be taken three times daily, continuing the same diet; also a pilule of Arsenicum B. to be sucked after each loose evacuation; the quantity of urine passed at this time amounted to four quarts in twenty-four hours, and together with the evacuations from the bowels, greatly exceeded the quantity of food and liquid taken daily; a slight improvement was speedily perceptible, but not such a rapid one as I wished and hoped for. One grain of unattenuated Phosphoric acid was now given three times daily; the stools have become firmer, more natural in apperance, but the pilules were still ordered to be taken should occasion arise for their use. His weight at this time was 97¾ lbs. Immediately after commencing with the grain of Phosphoric acid, a more rapid improvement became apparent; he increased in weight; in seventeen days he had gained 4¾ lbs.; the bowels were naturally moved; the secretion and excretion of urine considerably diminished, and every trace of sugar soon disappeared, but albumen still exists in the urine, the specific gravity of which has fallen from 1·016 to 1.007.

I have not met with many cases of diabetes mellitus, a disease which has always been considered obscure, and one at the same time calculated to awaken interest and curiosity, originating much fanciful speculation. It is not my intention to enter upon the consideration of the various theories and opinions which have been advanced upon the subject; it being sufficient for the present purpose to discover if any, and what medicines cause a greatly increased quantity of urine with the presence of sugar in that urine; if so we may be sure, taking the homœopathic law as our guide, that diabetes mellitus will frequently be found to be a curable disease, or at all events a disease not necessarily incurable. Schönlein has maintained that in the first stage of diabetes the urine contains *albumen*, but no sugar, which makes its appearance in the second stage. In the case of my second patient, it unequivocally contained both sugar and albumen at the same time, and the specific gravity was 1·016. Of both these patients the skin was dry, and there was progressive emaciation until the curative process commenced. My conviction is that diabetes is rather a functional than an organic disease; but whether a disease of the blood, or a specific functional disease of the kidney, or a fault in the digestive process, I am not prepared to say; but am disposed to agree in opinion with Dr. Trinks, that the ganglionic system of nerves has a principal and specific influence on the kidney, because the renal plexus controls the function of the kidneys, and this renal plexus is mainly derived from the great sympathetic. There are many cases of diabetes mellitus on record co-existing with spinal affections. Lehmann, in his Physiological Chemistry, thinks it possible that sugar may be formed out of albuminous elements; the co-existence of albumen with sugar, both in appreciable quantities, in my second case, seems to support Lehmann's views. Many think that the blood of every person in health contains a certain amount of sugar, as it also contains a certain amount of albumen and iron. In diabetes mellitus this sugar of the blood, like albumen in other affections of the kidneys, is through an altered action of the kidneys no longer retained, but separated from the blood with the ordinary constituents of the urine. There are not many cases of cures of diabetes mellitus on record, but Drs. Sharp and Walker have published some, and we hope to read of others. The existence of albumen in the urine may be owing to many very different causes, variations in diet, cold, &c. Albumen is frequently found in the urine of patients labouring under dropsy, the sequela of scarlatina. The application of blisters, when irritation of the kidneys is set up, will produce albumen in the urine. Albumen frequently co-exists (as my friend Dr. Atkin of Hull has noticed), with severe cases of diphtheria. No one in the present day would pronounce a case to be necessarily fatal on account of the presence of albumen in the urine; my belief is that the renal plexus exercises its specific function on the kidney in this complaint, as most probably it does in diabetes mellitus, and through the altered action of the kidneys the albumen is separated from the blood, and passes off in the urine. We must therefore, in accordance with the law of cure which we profess to follow, endeavour to find out medicines which will cause the kidneys to excrete albumen and a diminished quantity of urine of low specific gravity; amongst such medicines I have found Terebinth., Arsenic, Cantharis, very efficacious. I wish to advert to another point which the treatment of my present cases suggests, viz. the *attenuation* of our remedies, and to what limits such attenuations should be carried. That in a great majority of cases our medicines must be given in smaller doses than when they are not administered according to the homœopathic law, few, if any of us, will dispute, but to what *extent* the dose is to be diminished, or to what *limit* the drug is to be attenuated, no one, perhaps, with our present knowledge, can absolutely determine. I believe that some medicines, most, but not all of the minerals, require a much more minute division or dilution to render their action efficacious than do the animal or vegetable substances. For my second patient *one* grain of *unattenuated* Phosphoric acid acted more speedily than one drop of Phosphoric acid 1. Baryta carb. 3, others besides myself have found, will not act so well in acute cases as Baryta carb. 12. How inexplicable seems it to be that Natrum muriaticum, Carbo vegetabilis, Silicia, Calcarea carbonica in high attenuations will act at all, as each of us has proved that they do, and most satisfactorily so, when we take table-salt at our meals, and inhale the dust of charcoal, lime and flint-stones, as we traverse the streets and roads in our daily rounds. I venture to assert that we cannot refuse to assent to this proposition that some medicines act well in their *crude* state; others do not act, or their action is but feeble, except they are minutely divided or largely diluted. The solution of these problems is in my humble opinion only to be accomplished by patient and accurate investigation, by the accumulation of facts, and by subjecting these facts to discussion, discussion which may be carried on with the utmost freedom if we are careful enough to tolerate and respect our mutual differences of opinion. It is my conviction also that the very rigid attention to diet in diabetes mellitus, by way of exclusion, which is insisted upon by many practitioners—the prohibition of vegetables, the substitution of gluten and bran bread for ordinary wheaten bread, is not so necessary as once was supposed. When my second patient came home, the quantity of his urine passed in twenty-four hours was about four quarts; now it is about two and a half quarts; the specific gravity was as low as 1·007; now it is 1·066. Traces of albumen are perceptible still, for the removal of which he has been taking with advantage Terebinth. 1 and at present Arsenicum B. His weight now is upwards of 101 lbs.

ON THE PRESENT STATE OF THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM.

By Richard Hughes, M.R.C.S., L.R.C.P. Ed. (Examin.)

While the whole science of physiology is making such rapid progress, that ten years suffice to render the best text-book obsolete, it is undoubted that the main advances of late years have been made in that division of the science which embraces the Nervous System. I propose to give, in the following paper, a *resumé* of the present state of knowledge and opinion concerning the structure and functions of this, the most interesting and important part of the human organism. The sources from which I shall draw are, mainly, the *Lectures on the Central Nervous System*, by Dr. Brown-Sequard (Williams & Norgate, London); the *Lectures on Operative Physiology* and on *the Spinal Cord*, by Claude Bernard, published in the *Medical Times and Gazette* for 1860 and 1861; and the Treatises of Schroeder Van der Kolk on *The Spinal Cord and Medulla Oblongata*, translated and published by the New Sydenham Society. While these contain the most recent and trustworthy investigations, and the latest inductions, the text-books of Carpenter, and of Todd and Bowman, supply us with the digest of what was known and believed up to the time of their publication.

Before proceeding to consider in order the various divisions of the nervous system, we must take some account of the nervous tissue itself, upon whose *properties* necessarily depend the *functions* of the system.

Nervous tissue, then, or neurine, has for its essential elements two forms of substance, cells and fibres. The cells are found massed together (with intercellular matter) in collections called *ganglia:* the fibres, though helping to make up the central ganglia, are mainly placed in the cords proceeding from them and called *nerves*. The colours of these two elements respectively give the name of "gray matter" to the aggregations of the cells, of "white substance" to those of the fibres.

Calling in, now, the aid of the microscope, we ascertain other features distinctive of the nervous cells and fibres. The former are not, as in other tissues, mere rounded nucleated bodies, having no connection with surrounding parts or with one another. They present, emerging from their circumference, tails or processes of extreme tenuity,—sometimes having one only, in which case the cells are styled unipolar, sometimes possessing many, when they receive the name of multipolar. It had long been suspected that these processes entered into connexion with the fibres of the issuing nerves; but the actual union remained undemonstrated till the researches of Van der Kolk. His book contains some beautiful plates, drawn from microscopical survey, illustrative of the manner in which the cells are united with nerve-fibres and with neighbouring cells by their processes. While these are the points distinctive of the nervous cells, the fibres belonging to this system are not less interesting. They are divisible into two kinds, the tubular and the gelatinous. The former are of rounded shape, white colour and firm consistence; they constitute the greater portion of the cerebro-spinal nerves, and of the white substance of the intra-cranial and intra-spinal ganglia. They are formed of three parts: (1) a *neurilemma,* or enveloping membrane of fine areolar tissue; (2) within this a firm tube, called the *white substance of Schwann*; (3) innermost of all, the so-called *axis cylinder,* which is the physiological (if not the anatomical) prolongation of the cell-processes, and the essential element of the nerve. The axis cylinder is quite distinct, structurally, from the other constituents of the fibre, for it is often seen projecting beyond them in a broken fibre. The gelatinous fibres, on the other hand, are flat, soft, and of a reddish-gray colour: they abound in the sympathetic system, of which they are considered by many to be the proper fibres, but are also found sparingly in many of the cerebro-spinal nerves. They are distributed to the coats of blood-vessels, and other involuntary muscles, whose fibres they strikingly resemble. They are homogeneous in consistence, and have numerous corpuscles resembling cell-nuclei lying upon them, as have the unstriped muscular fibres. All nerve-fibres, tubular or gelatinous, lie side by side in the bundles of them called nerves, without inosculation or division as in arteries, so that each fibre pursues its own independent course from centre to circumference. In an equally independent manner, as demonstrated by Dr. Beale at the last meeting of the British Association, do they unite at their terminal extremities with the elementary fibres of the muscles which they animate.

The nervous tissue is largely supplied with blood, the intra-cranial mass alone receiving one-sixth of the entire quantity in the body, to which its weight bears a proportion of only one to thirty-six. Moreover, the gray matter receives by far the greater amount of this copious supply.

We can now sum up the general anatomy of the nervous system. Gray cells, massed into central ganglia, and sending off processes to be connected with white fibres; these fibres, collected into bundles, and called nerves, proceeding from the central ganglia to every part of the body; and the whole, but especially the cellular portion, copiously supplied with blood —these are its essential elements. We must now enquire into their properties.

If we entirely extirpate any given nerve, the parts to which it is distributed manifest a loss of sensibility to stimuli, of power of voluntary motion, or of both. If the nerve is simply divided in its course, the same loss is manifested in the parts supplied by its branches given off below the place of section, but not in those deriving their fibres from the portion still connected with the centre. If the central ganglion be destroyed, the issuing nerve remaining entire, the same loss of function is manifested as when the nerve is divided or extirpated. From these facts we naturally draw the conclusions, that the nervous substance is the seat of a power which conveys the orders of the will to the muscles, and endows the frame with the various kinds of sensibility manifested by it to external impressions; and that of this power, whatever be its nature, the gray matter is the generator, and the white substance only the conductor.

But it seems to me that when we have reached this point in the process of induction, we are irresistibly led farther. Both the structure and the functions of the nervous system are shewn to bear a striking resemblance to those of a secreting *gland*. We have nucleated cells, generating a new product; we have tubular fibres (answering to ducts) conveying it to its destination. That these latter should be solid, and not hollow, is only natural, since the thing generated is not a liquid, but an invisible "force," *i. e.*, an affection of matter, analogous to electricity in inorganic nature. But the third element in secreting glands is the fluid—the blood—from which they separate their peculiar product. And this, too, we have here in the large amount of blood—far exceeding that required for nutrition—supplied to the nervous centres, and in the distribution of much the greater part of this to the gray matter or secreting portion.

We seem led, then, to the conclusion, that the nervous system is a vast glandular apparatus, generating from the blood by its cells, and transmitting through its fibres, a power possessed of certain properties and uses.* What is the nature of this power is a moot point among physiologists. When electricity was supposed to be a material though "imponderable" fluid, the nervous force—its analogue in living matter—was regarded in a similar light: hence its names, "vital spirits," "nervous fluid," among the older writers. But with the tendency of modern science to dynamical, rather than material doctrines, the nervous power must take its place with the physical forces generally as an affection of matter, rather than a separate entity. What is the mode of its peculiar action on matter is uncertain. Messrs. Todd and Bowman consider it to be of a *polar* character, communicated from molecule to molecule of its conductor, like heat and electricity. Our talented colleague, Dr. Holcombe of America, however, has advanced strong grounds for believing that the nervous force rather resembles light and sound, and consists in the vibrations of the substance forming the axis cylinder. If this view be correct, it is of great importance to the *rationale* of our therapeutic law: for it is from among the undulatory sciences that our examples of the mutually-neutralizing power of similar actions are drawn: we find nothing of the kind in the domain of mechanical, chemical or electric forces.

I must briefly notice, before quitting this part of my subject, an hypothesis adopted by many, and which, from its apparent tendency to unification of the physical forces, is not a little fascinating. It is that which identifies the nervous force with what is undoubtedly its analogue in inorganic nature, electricity. The brain is supposed to be a galvanic battery; the nerve-fibres its conducting wires (the white substance of Schwann being the isolator of the axis cylinder); and the blood the fluid whose decomposition developes electrical force. But however interesting this analogy may be, I conceive that facts are strongly against the hypothesis of any identity of the two forces. Such facts are—(1) the most delicate galvanometer suffers no deflection when its wires are connected with an excited nerve. (2) The firm application of a ligature to a nerve stops the propagation of the nervous force below the point of application, but not that of electricity. The nerve is as good a conductor of electricity after the application of the ligature as before it. The same holds good when the nerve is benumbed by ether, or paralysed by woorara. (3) If a small piece of a nervous trunk be cut out, and be replaced by an electric conductor, electricity will still pass along the nerve; but no nervous force, excited by stimulus above the section, will be propagated through the conductor to the parts below. (4) Nervous fibre is not so good a conductor of electricity as muscle and other tissue, and very greatly inferior to copper and the metals in general.

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* In the *British Medical Journal* of June 16th, 1860, will be found a more complete elucidation of this view, and also arguments tending to shew that the generation and transmission of nerve-force is not occasional only, on the application of a stimulus, but continuous and uninterrupted.

We are thus led to conclude that the nervous force is something distinct and peculiar, vital rather than merely physical, and residing only in the living nervous tissue of the animal body. Nevertheless, I am far from denying that the principle of *correlation*, confessedly governing the physical forces, extends its sway over the vital forces also. And I can quite conceive that the dynamic theory of the production of electricity by chemical decomposition is true also of the generation of nervous power, and that here too it is transmutation of force, rather than a new formation, which is wrought in the nervous centres by the action of the gray cells upon the blood.

From this general outline of the intimate structure and essential properties of the nervous tissue, I now proceed to sketch the modern doctrines regarding the functions of its main divisions. These may be classed as follows:—I. The cerebral hemispheres. II. The cerebellum. III. The corpora striata, optic thalami, and the other ganglia at the base of the cerebrum. IV. The spinal cord and medulla oblongata. V. The cerebro-spinal nerves. VI. The sympathetic system.

I.—And first, of the cerebral hemispheres, or brain proper. Nothing has been ascertained which can for a moment shake the conviction of all physiologists that the gray matter of the cerebral convolutions is the true middle point at which mind touches matter; where impressions become sensations, and the will developes itself into action; and in whose generated force alone (in the present state of being) the intellect finds its means of operation. With the gray matter of this centre no nerve is directly connected; but multitudes of white fibres pass from its cells to unite it with the motor and sensory centres, the ganglia at the base of the brain.

Morbid affections of the gray substance of the cerebral hemispheres alone will manifest themselves in various derangements of intellect. They may arise either from deficiency or superabundance of the quantity of blood supplied to them, or from vitiation of its quality; from the irritation of various poisons, generated from within or introduced from without; or from idiopathic inflammation of the substance itself. To this head belong syncope, coma, and delirium in their various shades and complications. Whenever these symptoms appear, whether as the result of disease or of drug-action, we may be sure that the cerebral hemispheres are directly or indirectly affected.

We shall be much helped in the understanding of these morbid conditions by using (as we are justified in doing) a *glandular* phraseology to describe them. We know that the process of secretion may be arrested by cutting off the supply of blood, and no less oppressed on the other hand by abnormal congestion; while it may be perverted with or without increase, or increased with or without perversion, by the action of specific drugs, or by inflammation of the secreting organ. The state of syncope answers to the first-named condition. The want of blood may arise either from insufficient action of the heart, or from contraction of the cerebral arteries; the former being the cause of the syncope of Digitalis, and the latter of that of Hydrocyanic acid. Coma,* on the other hand, corresponds to oppressed secretion from congestion or effusion; it is caused in the former manner by Opium, in the latter by Hellebore (?). Simple inflammation of the substance of the brain gives us, first, increased generation of force, on account of active determination of blood, and, secondly, perverted secretion through the irritation of the cells. The first effect of Opium is increased secretion without perversion; while Belladonna, with its congeners Hyoscyamus and Stramonium, produce perverted secretion without increase (delirium), or with increase (mania).

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* I do not include under the term coma the "spurious hydrocephalus" of Gooch and Marshall Hall: this is a simple state of cerebral exhaustion, and neither syncope nor coma. Zinc is, perhaps, its pathogenetic analogue.

II.—Entirely different is the place held in nervous physiology by the Cerebellum. Forming so large a portion of the encephalic mass (its weight relatively to the cerebrum being in man as 1 to 8½, and still greater in the mammalia), it must surely play an important part in the general offices of the nervous system. And yet, even at the present time, it cannot be said that any thoroughly satisfactory hypothesis as to its functions has been advanced.

The organ consists of two parts: 1st, the median lobe or vermiform process; 2nd, the lateral hemispheres. The former of these is the primary part—it exists alone in fishes and reptiles; the lateral portions are additions to this, and denote an advance in development. They are first found in birds, and become more and more complex as they ascend through mammals to man. Its sole communication with the spinal cord is through the restiform bodies, which are continuous with its posterior columns. Injury or extirpation of the cerebellum seems to affect no other function than that of co-ordination of muscular motion. The limbs have not lost their power, but they can no longer execute the combined movements of standing, walking, leaping, etc.

The theory which has been based by Flourens upon these facts of anatomy and pathology, and which has been adopted by many physiologists, is that the cerebellum is the co-ordinator or harmonizer of muscular movement. And as it is in the lower extremities that (in man at least) this function is mainly brought into action, so it is found that the posterior columns of the cord, which transmit the force generated by the cerebellum, undergo no marked diminution in size until they arrive at the lumbar enlargement, from which the nerves of the lower limbs are given off.

But there are great difficulties in the way of this theory. Dr. Brown-Sequard brings forward many instances of extensive disease, or even complete suppuration of the cerebellum, in which the motorial powers have continued unimpaired. He shews that the injury of the co-ordinating power produced by wounding the organ is dependent, not on the absence of its energy, but upon an irritative influence on the parts of the encephalon that remain unaltered; for the least irritation of several parts of the intra-cranial mass, with only the point of a needle, may generate very nearly the same disorder of movement that follows the extirpation of the cerebellum. Professor Van der Kolk, also an opponent of this view, shews that ample provision is made for the co-ordination of motion in the arrangement of the cells of the cord, without the need of any central organ for the purpose. Lastly, I may point out that section of the posterior columns through which alone the cerebellum can communicate with the lower limbs, produces no impairment in their motorial power, simple or harmonized.

Until, then, these objections are satisfactorily disposed of, the only plausible hypothesis concerning the functions of the cerebellum must remain under a cloud. The phrenological theory which considers it the seat of the sexual instinct is now totally exploded. One fact alone which tells completely against it is, that in geldings the cerebellum, so far from being smaller, is relatively larger than in stallions.

III.—We now come to those ganglia at the base of the cerebrum known as the Corpora Striata, Optic Thalami, and Corpora Quadrigemina. The best accredited views concerning these are, that the first are the centre through which the mandates of the will, and the influence of ideas and, perhaps, emotions are conveyed along the spinal cord to the muscles:* that the second are the point at which the mind (through the cerebral hemispheres) becomes cognizant of general impressions (as distinguished from those of the special senses); and that the third are the ganglia peculiar to the sense of vision. The corpora striata and optic thalami thus crown, like capitals of columns, the motor and sensory tracts of the spinal cord, and by their numerous radiating fibres bring them into intimate connexion with the cerebral hemispheres, and thus with the psychical powers. Being themselves closely connected, they form the centre of what are called sensory-motor actions, in which the will takes ordinarly no part; but the impression made on the sensitive nerves travels no higher than the optic thalamus, and is there passed over (as it were) to the corpus striatum to be transformed into an appropriate movement. To this class of actions may be referred the vomiting excited by many sensitive impressions, the involuntary laughter produced by tickling, and the equally involuntary abridgement of the respiratory movements, when their performance is attended with pain: I say involuntary, because this abridgement often presents itself on one side only, a limitation which the will cannot imitate.

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* An interesting case is reported in the *British Medical Journal* of May 4th, 1861, in which disease limited to one corpus striatum caused simple motor paralysis of the opposite side.

Morbid states arising from affections of these ganglia will accordingly manifest themselves in derangements of voluntary motion, of sensibility, or of vision. Such affections are usually either from the pressure of an apoplectic clot, or from localized softening or other destructive disease. We are hardly likely to find drugs which act specifically upon the corpus striatum or optic thalamus. Those which affect them through their blood or blood-vessels do so in common with the rest of the brain; while those which act directly on their tissue can hardly fail to include the whole motor or sensory tract, as the case may be, within the sphere of their operation. On the other hand, the corpora quadrigemina are sufficiently independent to suppose that they may have their specific tissue-irritants; and it may be that Flourens is right in supposing Belladonna to be such a drug. Certainly no medicine has a wider range, pathogenetic and curative, over derangements of vision.

IV.—We come now to that portion of the central nervous system which extends from the sub-cerebral ganglia to the bottom of the spinal column, and which we will consider in three divisions: (1) the roots of the spinal nerves; (2) the spinal cord proper; (3) the medulla oblongata.

1. The doctrine concerning the distinct functions of the two roots by which each spinal nerve takes origin from the cord

was first promulgated by Sir Charles Bell, and still holds its ground unshaken. Division of the anterior roots so invariably paralyses the parts supplied by them, and division of the posterior roots so invariably abolishes the sensibility of the same, that there can be no doubt that the function of the former is exclusively motor, and that of the latter as exclusively sensory. Microscopical anatomy confirms the distinction by shewing a structural difference to exist in the fibres of the two roots respectively, and in the cells of the anterior and posterior horns of gray matter from which they take their origin.

It might seem an objection to this doctrine, that the anterior roots, when irritated, cause some manifestations of sensibility on the part of the animal, and that a similar excitation of the posterior roots is capable of producing some muscular movements. Moreover, the microscope discovers some of the smaller and more cylindrical sensitive fibres in the anterior roots, and a few fibres of the motorial character in the posterior roots. But further investigation enables us to explain these facts in perfect consonance with the received doctrine. That the movements caused by excitation of the posterior roots are not direct, but *reflex*, is shewn by dividing these roots, when irritation of the central portion, and not that of the peripheral, is alone capable of producing the movements. And that the sensitive fibres found in the anterior roots do not enter them direct from the spinal cord is demonstrated by the fact, that when the posterior roots are divided, no amount of irritation of the corresponding anterior roots will give rise to manifestations of sensibility. These fibres, then, must come from the posterior roots, and return through the anterior roots to the cord. They are called "recurrent fibres," and the property they give to the anterior roots "recurrent sensibility." The recurrent fibres do not seem exclusively reflected at the point of junction of the two roots after their emergence from the spinal canal, since division of the compound nerve much lower in its course will deprive the anterior roots of their recurrent sensibility. Similar experiments indicate that the greater part, at least, of the interchange of fibres takes place at the terminal extremities of the nerves in the tissues.

The use of these recurrent fibres is thus plausibly explained by Claude Bernard. He points out that the spinal cord, through the centre of motor and sensitive function to its nerves, is itself devoid of either of these properties, and dependent, for the regulation of its blood vessels and the sensibility of its substance, upon motor and sensitive nerve-fibres respectively. Now the posterior roots do not supply directly any fibres to the anterior part of the cord, nor the anterior roots to its posterior half. In order, then, that the latter part may have its blood-vessels regulated, and the former its sensibility maintained, it is necessary that motor and sensitive fibres should reach them by recurrence along the channel of communication afforded by their own differently constituted roots.

Next, as to the anatomical connexions of these roots with the nervous centres. For a long time it was imagined that all the nerve-fibres of the trunk and limbs went uninterruptedly through the white columns of the spinal cord to the brain. Dr. Todd was the first to call in question this docrine, upon physiological grounds; and his objections have now been anatomically substantiated by Schroeder Van der Kolk. His beautiful microscopical researches have shewn that all the fibres of the anterior roots go directly into the gray matter of the cord, to be there connected with cells; and that the fibres of the antero-lateral columns are only connected with them mediately through the same or associated cells. Mr. Lockhart Clarke has proved the same thing with reference to the posterior roots. They divide into three bundles, of which the middle goes directly into the cord, the superior and inferior pass a short way along the posterior columns, and then follow their companions into the gray matter. It is supposed by some that the middle bundle on the one hand, and the superior and inferior bundles on the other, fulfil distinct functions. Brown-Sequard considers the former to be the channel of stimuli intended to act directly upon the muscles ("excito-motor" fibres for "reflex" action), and the latter of those intended to give rise to common sensation. Van der Kolk adopts the same view in the body of his work; but in a later note appended to the English translation, states that he has changed his opinion, and now regards the ascending and descending fibres as destined for reflex action, and the transverse for sensation. I shall return to this question when I come to speak of the reflex function of the cord generally.

Lastly, a few words must be said upon the arrangement of the cells in the gray horns, from whence issue the roots of the spinal nerves. They are found in groups, of which the component members are connected by their processes. These groups are much more numerous and complex in the cervical and lumbar than in the dorsal regions, evidently because from the former proceed the nerves of the extremities. The object of this grouping would appear to be the co-ordination of muscular movement. There are actions which uniformly require the co-operation of several muscles, as walking, prehension, etc.. Again, there are muscles which cannot act separately, as the brachialis anticus and biceps in the arm, the gastrocnemius and soleus in the leg. The physiological ground of these connexions is the anatomical arrangement in the cord of the cells which give origin to the fibres distributed to the several muscles. We may regard the groups of cells as so many batteries of Leyden jars connected one with another; the electric force is distributed uniformly over all the united jars, and all are at the same time uniformly discharged, as one conductor alone is necessary to effect this. The order of the will, or the stimulus of an excito-motor nerve, conveyed to one cell of the group, will be communicated to the whole; and the entirety of the fibres arising from them will transmit the stimulus consentaneously to the muscles.

2. The Spinal Cord proper. By this term we describe the column of nervous matter which occupies the vertebral canal, up to the foramen magnum in the occipital bone. From this point its continuation into the cranial cavity is called the medulla oblongata, and is somewhat differently arranged and constituted.

The spinal cord consists of gray substance internally, and of white fibres externally. The gray substance is arranged in a central mass with four horns, two anterior and two posterior, from which latter the anterior and posterior roots of the spinal nerves take their origin. The white fibres lie longitudinally around the gray substance, and are separated by the horns and their issuing roots into three columns on each side, anterior, lateral and posterior. The division between the anterior and lateral columns is imperfect, as the anterior horns do not reach the surface; that between the lateral and posterior columns is, for the opposite reason, complete.

We shall find it convenient first to ascertain the general functions of the spinal cord, and then to examine the share taken by its several component parts in the performance of those functions.

It is certain that the spinal cord is the channel along which the orders of the will, and the influence of ideas and emotions, are transmitted from the brain to the trunk and limbs. It is also certain that along it travel the impressions made on the periphery of the same parts, to become sensations in the cerebrum. For a complete section of the cord in any part of its length will cause total paralysis, both as to sensation and as to voluntary motion, in the parts below.

Which of the component parts of the cord is concerned with the transmission of the orders of the will? Mainly, as has always been thought, the antero-lateral columns. A transverse section of these will always cause paralysis of the parts below; while no such result follows a similar division of the posterior columns, and none of so complete a character as that of the central gray matter. They convey the impulse of volition, not directly into the motor nerves, but to the cells of the anterior horns, which send out processes in a transverse direction to join them. Some experiments of Schiff's seem to shew that the anterior columns possess motor fibres for the extremities, and the lateral columns fibres for the muscles of the trunk, *i. e.*, of the thorax and abdomen. Dogs, whose lateral columns he had divided on one side, ran freely upon four feet while they lived; but all motion of the ribs and abdomen, as well as respiration, had ceased on the affected side.

The antero-lateral columns being thus appropriated, we have the posterior columns and the central gray matter remaining as candidates for the office of conductor of sensitive impressions. For a long time the former were supposed to occupy this place.

The attachment of the respective functions of the anterior and posterior roots to the anterior and posterior columns was so natural, that Sir Charles Bell and all his successors fell into this view. But here again Dr. Todd was the first to point out the strong difficulties, especially anatomical, which stood in the way of its adoption; and Dr. Brown-Sequard has the honor of having, by his numerous vivisections and pathological collations, entirely overthrown the error. He shews that section or disease of the posterior columns alone—the posterior *roots* being unaffected—causes no anæsthesia, but often even the reverse, in the parts below or behind; while, on the other hand, disease or injury limited to the gray matter entirely deprives the corresponding parts of sensibility. We are bound, therefore, to conclude that the conductors of sensitive impressions run to the brain in the central gray matter.

Dr. Brown-Sequard has further ascertained two very interesting facts with regard to these conductors of sensitive impressions. While the motor fibres cross over (as we shall see hereafter) in the medulla oblongata, these make their decussation almost immediately upon their entrance into the gray matter; so that disease or injury, limited to one lateral half of the cord, will cause paralysis of the same side of the body, but anæsthesia of the opposite side. He has performed many experiments, and collected many cases, which show this. And, secondly, he adduces more than one instance in which one or more kinds of sensibility have existed, while others have been destroyed by disease. Thus, in his first case, touching, pinching, pricking and the passage of a very powerful galvanic current were unfelt; but there was sensibility to cold and to tickling. In the fourth case he brings forward there was no sensation produced by heat, while contact was felt. He considers that there is a special appropriation of certain of the sensitive conductors to special kinds of sensibility, of which he instances as well-marked, *touch, tickling, pain, heat and cold,* and the peculiar sensation which accompanies muscular contraction. It seems to bear upon this, that Mr. Lockhart Clarke has discovered in the gray matter of the cord several collections of longitudinal nerve fibres, forming very minute white columns, surrounded by the gray substance. It is just possible that these white columns may belong to the less general forms of sensation (as tickling, etc.), while the more extensively used conductors of tactile and painful impressions run up through the gray cells themselves and their connecting fibres.*

(To be concluded in our next.)

DIPHTHERIA,

By Mr. Gelston.

(*Read before the Liverpool Med. Chir. Society.*)

In 1818 Brettoneau wrote his famous description of an epidemic which prevailed at Tours. It would appear then, at least in France, to have been considered either an entirely new disease, or at all events a form requiring a distinct designation. Brettoneau accordingly termed it Diphtherite. Since then a general discrepancy of opinions, even up to the present time, appears to have existed respecting its nature and relations.

In order that some definite conclusions may be arrived at, it may not be unprofitable to collate former and present opinions, and to compare the symptoms and pathology of previous and existing epidemics.

Brettoneau insists that the disease came from Egypt, and that it originates in the nasal mucous membrane. "You cannot," he says, "sufficiently suspect the secret seizure of the disease on the nostrils. I have completely acquired the conviction that the Egyptian disease is developed in the nostrils, and extends there without any warning and without any apparent symptom.

"Under these circumstances a minute and attentive vigilance is imposed upon us. When the Egyptian disease prevails, and is propagated with the intermittent march which characterizes its irregular outbreaks, and when from one year to another it has raged so extensively as it has been seen to do in Paris within the last six years, it is incumbent on us not to wait for visible symptoms, but at the least sign of snuffling, at the slightest indication of coryza, to *feel* and not to look beyond the angle of the lower jaw, below the left lobe of the ear, and thence down the sides of the neck. If in this region we should find any swollen lymphatic glands, our attention should be redoubled; for if we feel a glandular swelling, it is more than probable to be a consequence of the absorption of the Egyptian disease.

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* There is an interesting case of poisoning by Arsenic recorded in the sixth volume of the *North American Journal of Homœopathy*, in which, though both arms and legs were paralysed as to motion and common sensibility, the paralysed parts nevertheless remained acutely sensitive *to cold*.

"Do not be satisfied with this examination, for it is necessary that the diagnosis leave no doubt; examine therefore the upper lip below the nostrils; in the most simple coryza the skin is reddened *equally* under each nostril, while in the case of the Egyptian disease it is *only* on the side of the glandular swelling. If the swelling exists on both sides it is unequal; on the side where the swelling is least, the redness of the lip of the same side is least. From the period of this discovery we are certain that there is a specific affection, in fact the Egyptian disease." (Trans. by New. Sydenham Soc.)

Taken in relation to present prevailing opinions in France, it is proper to state that M. Brettoneau considered that the ordinary croup of children, the cynanche maligna, and the plastic angina, or angina couenneuse of the French, are only variations of the same disease, but producing different effects, according to the seat and degree of the morbid action. This view was also maintained by Læennec, Guersent, and others. On the contrary, Cheyne and Tweedie, in their contributions to the Cyclopædia of Medicine, exposed what they considered the fallacies and errors into which the French pathologists had been led. They endeavoured to show that under the term diphtherite, the most dissimilar diseases were grouped together, diseases which they considered have no features of analogy the one to the other, except in the mere circumstance of their affecting generally the adjacent, but sometimes the same parts of the body. (Vide *Med. Chir. Rev, Jan.* 1838.) It was contended that the seat of genuine croup is almost always limited to the trachea and lower portion of the larynx, that the complaint commences there, and very rarely presents any appearance of the disease in the pharynx or any part of the fauces. That it is essentially sthenic, and highly inflammatory in its nature; that it is peculiar to infancy and youth; that it is never contagious, and is even seldom epidemic, most cases being clearly traceable to exposure to cold and damp. (Ibid.)

"To attempt," says the Editor of the *Med. Chir. Rev.* (*Jan.* 1838) "to give any exact idea of the real nature of diphtherite is almost impossible, seeing that various affections of the most dissimilar attributes are grouped together under this term. Its primary and essential feature is the exudation of an albuminous or coagulable effusion on the mucous surface of the fauces and air passages, and that this effusion almost always commences on the velam palati, tonsils and pharynx, extending from thence along the nares, and sometimes down into the larynx and trachea, and even along the œsophagus into the stomach. But this effusion has no features which are uniform and permanent. Sometimes it is a firm lymph-like deposition, and is the result of an active inflammation of the fauces, as in cynanche pharyngea and tonsillaris; at other times it is soft, shreddy, in patches, like sloughy mucous membrane, and its presence is accompanied with all the symptoms of typhus fever, as in cynanche maligna, and in some of the worst forms of scarlatina and of measles." (*Med. Chir. Rev., Jan.* 1838.)

"The occurrence of membranous angina in scarlatina, measles, gastric fever, erysipelas, &c., has been noticed by several writers, and proves most satisfactorily that the local inflammation is not, generally speaking, an independent affection, but part and parcel of the constitutional disease. Huxham evidently described such a complication in his account of the epidemics of April 1734. At pp. 93 and 175 of Huxham's works, he speaks of a *species of angina* supervening on chronic diseases and slow fevers, and which almost invariably terminated fatally. But the truth is, Huxham as well as all the older authors, so confounded the several species of angina, that they often assigned to one the symptoms belonging to another and very distinct species." (McDevitt, *Rep. of the Kent and Canterbury Hospital,* 1836-7.)

As we come onward to the present time, we find the same discrepancy of opinions. If we take the Report of the Proceedings of the Meeting of the Société Medicale Homœopathique de France, held January 16th, 1860, we find that Drs. Curie and Cretin identify croup and diphtheria, and consider that the two diseases equally transmit each other. M. de la Pommerais had often seen in the hospital for children a robust child with croup enter a ward where no diphtherite existed, and next day pharyngeal or nasal diphtherite broke out amongst the sickly ones. Again, in a family he saw a child die of "diphtherite" without "croup," and the latter form at once broke out in two other children. On the other hand M. Raymond contended that croup and diphtherite are totally distinct, croup being almost confined to children, and especially the robust and well fed, and attacking the larynx at once. The false membranes strong, dense, fibrinous, often organized. Principal symptoms a sharp hoarse cough, which is afterwards stifled, with spasms of the larynx, and at last asphyxia and suffocation. Diphtherite, on the contrary, is common to all ages, and especially selects feeble lymphatic subjects, living under the most unfavourable conditions, with defective vitality; the false membranes here are formed by a thin pultaceous exudation, rather mucous than fibrinous. When diphtherite is confined to the upper parts of the larnyx (which it seldom goes beyond) one never observes the sharp sibilation of croup, nor the spasms and *fits* of suffocation, but a kind of "rhoncus mucosus," and marks of slow and progressive asphyxia.

The climax of discrepancies is furnished by McCormac; the erudite author, in his "Methodus Medendi" (1842), says: "Cullen and others, up to a recent period, looked on scarlatina maligna as mere putrid sore throat, and named it cynanche maligna. Brettoneau has fallen into the error of describing an epidemy of scarlatina at Tours as a new disease, which he terms diphtheritis, a mistake perpetuated in several French and some English works. To increase the confusion, however, it has also been named asthenic croup, probably from the extension of false membranes to the larynx. Naumann insists on the identity of angina, *brandige braüne*, with diphtheritis, but strangely enough, denies that of the former with scarlatina." (*Loc. cit.*, p. 83.)

We may now compare the descriptions of the disease as it exhibited itself at various periods; it may be premised that the details are by no means so discordant as the speculations as to its nature, but on the contrary that they generally coincide.

From "A Treatise on Diseases and Injuries of the Larynx," by F. Ryland, 1837, I select the following in reference to diphtheria.

"The diphtherite commences with pain in the throat, difficulty of swallowing, and general febrile symptoms; on inspecting the fauces the tonsils are observed to be swelled and reddened, and to have upon their surface patches of a thick opaque whitish concretion, which, at this period of the disease, is easily detached from the mucous membrane. If allowed to go on unchecked, the membranous exudation spreads by contiguity to the adjacent parts, the soft palate and pharynx; the glands at the angles of the jaw begin to swell, and deglutition becomes more difficult. If the concretion be detached from the membrane beneath, the redness greatly augments in the denuded parts, and another and thicker concretion is soon poured out, which adheres to the mucous surface with more tenacity than before. It frequently happens, that some days after the commencement of the attack, the disease becomes milder in character, less disposed to spread, and even ceases altogether without reaching the air passages, in which case there is very little reason to be under any apprehension for the result. In most instances, however, at the end of four or five days, laryngeal symptoms begin to display themselves, such as a hoarse cough, alteration of the voice, and dyspnœa. From this time the patient has every appearance of suffering from severe croup, with the addition of an almost complete inability to swallow; the breathing becomes quick, laborious and sonorous; the voice is soon extinct, the countenance livid, and the pulse small and intermitting; paroxysms of suffocation take place, till in one more severe attack than the rest, death closes the scene."

In connection with the foregoing I select an account of an epidemic at Barton-upon-Humber, by W. H. Eddie, Esq., in the years 1858-9 (*Br. Med. Jl., Jan.* 26th, 1861.)

"In 1858 the disease appeared in Barton, and so intimately connected was it with scarlatina, that it seemed almost impossible to separate them. I was indeed led to believe that they were identical, and only two forms of the same disease, modified by circumstances. It was only after having carefully observed the numerous cases that came under my notice, that I became convinced that they were two distinct diseases; for although in the commencement of the epidemic they seemed so intimately associated as to baffle all attempts to separate them, after a few weeks diphtheria began unequivocally to show itself as a distinct disease; appearing in some who had had scarlatina, and were perfectly recovered, and in others who were grown up and remembered having had scarlatina in their childhood." The report represents the disease under first, (simplest form) difficulty of swallowing; throat presented an inflammatory blush, with a white patch of the characteristic effusion, on one or both sides, near the pillars of the fauces or velum. Second form, the laryngeal, or croupy (usually fatal). Third form, a class of cases in which the vital powers seemed completely prostrated under the morbific poison, and the patient died in a few hours in a state of collapse, before any of the local affections had made their appearance; thus proving in contradiction to Brettoneau, that diphtheria is a constitutional disease, and may prove fatal before the throat affection has assumed any degree of severity.

"In many cases, and those which proved almost invariably fatal, at least in children, there was great enlargement of the parotid and submaxillary glands to such an extent as to prevent the opening of the month beyond a small chink. It was painful to witness the sufferings of patients in this state, lying on the back, breathing with difficulty, and scarcely able to swallow the smallest quantity of fluid, the breath exhaling the most fœtid odour from the sloughs in the throat, which could not be removed. Death seemed a relief to sufferings which it was not in our power to alleviate."

Another form, and not the least interesting, is the cutaneous. Trousseau, who has written on an epidemic of the cutaneous form which occurred in France, asserts that "the diphtheric affections of the skin are of a nature identical with those which have their seat in the larynx and fauces." Bullæ and more commonly ecthyma were the forms presented; the usual seats of the affection being the folds of the thighs and axillæ.

The sequelæ I need but refer to, desquamative nephritis, paralysis of the pharynx and palate, paraplegia, &c. The pustular ophthalmia, so common of late, is very probably indebted to the same ætiologic source. Von Graefe indeed treats of ophthalmia under this title.

The *Lancet* observes that a very general opinion begins to prevail that the "specificity" of contagious diseases must be abandoned, and that they originate spontaneously, and propagate each other variously according to circumstances. Be that as it may, my observations and experience lead me to conceive that diseases presenting similar manifestations are derived from the same ætiological source; the modification depending upon the systematic, local and climatic conditions; that such conditions render similar diseases capable of differential intermutations; and that, as in organic life, certain forms become prevalent, by reason of what Darwin terms "natural selection," certain contingencies favouring this disposition. I need only refer to the fact, familiar to the profession, of the various phases of disease erysipelas is capable of producing, and in relation to diphtheria, Stephenson and others have considered cynanche maligna and scarlatina maligna as forms of erysipelas.

John Hunter was of opinion that diphtheritic angina "has something of the erysipelatous disposition." He believed that the erysipelatous inflammation produces results the very opposite of those to which common inflammation gives rise, namely, in the serous membranes suppuration, and in the mucous effusions of coagulating lymph. (*Treatise on the Blood*, vol. i, p. 427.)

Lately I saw several cases, presenting at first the character of diphtheria: suddenly a species of erysipelas appeared on the exterior of the throat, migrating to the nates, in one instance of a child a few weeks old, the eruption was of a miliary form. Several members, adults, of the family were affected. In the *Med. Chir. Rev.*, 1838, there is notice of a case of erysipelas extending to the larynx, the *post mortem* appearances exhibiting the peculiar pellicular deposit of diphtheria.

Neither of the pathies have much cause to boast of their success in the management of this grave disease. A great variety of remedies has been tried by both parties, in an almost equally heterogeneous manner. The homœopath has used two or even three medicines at a time, locally and by alternation, changing from these to others till a goodly category has been attained, death, or happily, recovery, staying an exhaustion of pharmaceutical resources. Of course any conclusion from such practice is utterly vitiated. The Roman soldier was taught to wield his weapon with either arm; we do not learn, however, that he was expected to fight with both hands at once, or kick with the feet by way of rotation. This may be considered as a modern volunteer suggestion, which the homœopathist has brought into vogue in medical tactics.

From too servile a devotion to a dogma, which Hahnemann himself at first ingenuously admitted as having much the appearance of "a barren analytical general formula," it need not, I think, greatly surprise, that the success of practitioners in the treatment of diphtheria has not been commensurate with their desires and expectations.

Action and reaction, as relatives of cause and effect, are, I conceive, the only bases from which any superstructure of a general formula in medicine can be erected. Diphtheria, a disease prominently adynamic in character, regarded from the above simple ground of speculation, it is, I venture to think, possible to perceive that the remedies chiefly relied upon, however confusedly, are not those calculated to excite the reactive energies of the system. I have been enabled to demonstrate to several of the members present, that mercurial preparations of various forms, in the higher and low dilutions, in diseases of the throat with pellicular deposit and phagadenic ulceration, in an asthenic state of the system, instead of benefiting the patients, operated to their prejudice by an extension of the diseased action.

Caustics and antiseptics have been liberally applied to the throat, but have not prevented the renewal of formation of the *kakoplastic* deposit. The practice is now by many condemned as mischievous. Brettoneau did it rather heroically at first:

this *chef d'escadron* seized the epiglottis and applied the lunar caustic, or undiluted Mur. acid; he afterwards moderated his measures to a concentrated solution of alum. Sydenham recommended Sulph. acid mixed with honey as a detergent. Bearing in mind that the local affection of the throat is an acrid exudation, means calculated to modify its nature, and to arrest its propagation, should not be overlooked. Alum, Sulphate of Copper or Zinc, separately, or in combination with Tinct. of myrrh, Catechu, or the like, in the form of gargle, may be judiciously employed. If, however, there be extreme prostration, and the throat exuding sanies, the remedy employed internally may be painted on with a camel hair brush in the form of the pure tincture, or somewhat diluted.

As internal remedies, such as exercise a specific action on the throat, and excite general reactive energy of the depressed vital powers, should be preferably selected. Of these, Arum maculatum, Aconite, Clematis, Croton tig., Euphorbium, Ranunculus, Staphysagria, Colchicum, Drosera, Rhus, present characteristics applicable to such purposes. Of these I have had experience chiefly with Acon.: my observations, however limited, dispose me to place great reliance on its efficacy. I should advise the pure (homœopathic) tincture in the proportion of two to five drops in a tumblerful of water, to be given by dessert or tablespoonfuls, according to age and condition. Colch., in similar doses, has afforded very speedy efficacy in engorged state of the tonsils and pharynx, with fever and headache. M. Curie claims for Bryonia the merit of a specific for diphtheritic affections, having lost one case out of twenty-five in the winters 1857-8 and 1858-9. For the dose he gave a child 6 years old six drops of the mother tincture in twenty-four hours, a dose every hour. Generally the malady being arrested in twelve hours, *i. e.*, false membranes ceasing to form, respiration is freer, and the mucous surface left dry. It is analogous in action to Colch., and, I am inclined to think, more especially adapted to the inflammatory forms of angina. Cantharides has been recommended, but I should infer that its pathogenesis being too closely analogous—almost identical, according to Brettoneau—its primary action determining to the urinary organs, the possible supervening coalescence of effect on the diphtheritic process portend not a little to its prejudice. Mr. Leadam, in the discussion on diphtheria, stated that it had generally disappointed expectations. (Annals of the British Hom. Soc., 1861.) The Apis mel. and Crotalus are noteworthy remedies; my experience bespeaks them meritorious in the form of cynanche maligna, with rapid ulceration.

Stuffing with food a system whose digestive powers have been rendered incapacitated to the task, foiling the actions of remedies, and exhausting the nervous energies by transitory stimulants, such as wine and brandy, unless for mere temporary purposes, appear to me highly injudicious, and calculated rather to impede than further the reparative and eliminating efforts of the constitution. Barley water, acidulated with lemon juice, or mixed with milk, some currant jelly or blanc mange, and, if the disease be prolonged beyond a week, animal broths by enema would seem to fulfil all the necessary requirements. A disease of a few days' duration is not likely to starve a subject to death, even if no food whatever has been partaken of. Considering the instinct of nature it seems strange that the "hunger cure" finds so few advocates; yet, as Paddy might say, there are worse plans of cultivating an appetite. In convalescence the moderate or even free use of generous wines, or malt liquors, may be needful as fillips to the systems of the denizens of large towns. But as the complaint is chiefly confined to children, such adjuncts should not, at least, take precedence of simple and nutritious diet.

CLINICAL OBSERVATIONS.

By Dr. Baertl.*

I. Typhus.

Some time ago, before I left L—, a kind of typhus abdominalis exanthematicus broke out among the navvies employed on the railway works at S—. Several unfavourable circumstances conspired to favour its extension, so that at length it became a contagious disease, affecting many persons in the neighbourhood, among others two medical men who were rendering their assistance on the spot. As some disturbances arose among the navvies, it was thought expedient to send soldiers to the spot to maintain order and quell riots, and it so fell out that they also were attacked by the prevailing disease. Several so affected were sent into the hospital then under my direction, so that I had an opportunity of treating a small number of them homœopathically.

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* From the Hom. Vierteljahrschrift, Vol. XII., part 1.

On entering the hospital these patients complained of shooting throbbing headache in the forehead and occiput; vertigo, prostration, which was apparent from their aspect; this was followed by general rigor of shorter or longer duration, subsequently alternating with heat, and finally turning into continuous, dry burning heat, with considerable elevation of the temperature of the skin. The pulse was at the same time from the commencement much accelerated, more or less full, but also rather soft, from 100 to 120 per minute. The other symptoms were, great rush of blood to the head; redness of the face; noise in the ears; tongue either clean or furred white, subsequently becoming dry; impaired taste; in some pressure in the precordial region, but especially in the region of the spleen; anorexia, thirst, constipation, or diarrhœa of very fluid, yellowish or greenish appearance, latterly mixed with flakes or with blood; in the third stage meteorism of the abdomen appeared. The diarrhœa was generally conjoined with pinching in the bowels, and often with burning in the anus. Pressure on the abdomen caused rumbling there, especially in the cœcal region. Urine scanty, turning muddy after standing a short time, and depositing a copious sediment. In the latter period of the disease the lips, teeth and tongue were covered with brown sordes, were very dry, and the patient longed for water. In the third period, and even before that, there was strong delirium, inducing many of the patients to get out of bed. At the beginning of the disease there was a dry cough, which gradually became worse, but always increased the headache. The nights, from the commencement, were very restless, as the patient lay in a stupefied state. The characteristic feature of this disease was, that as soon as the febrile symptoms came on there appeared at the same time a kind of purpura on the surface of the skin, consisting of small red spots, some of which were elevated; they first appeared on the chest and abdomen, but in some cases they extended also over the limbs. This exanthema varied in depth of colour according to the severity of the disease, from pink to bluish red. If the disease was not removed in the second stage, then nervous symptoms became more prominent. The head was more confused; there occurred long continued delirium, a soporous state and unconsciousness; the tongue grew even drier, the abdomen more sensitive, the stools more watery, frequent and even involuntary. The urine remained as at first of a brownish colour, but even less was evacuated at a time. The pulse became more rapid and weaker, the breathing more hurried and laboured, the cutaneous temperature declined. In many of these patients the sputa were mixed with streaks of blood, and were expectorated with difficulty. The strength of the patient declined, and he became emaciated.

About thirty cases of this sort came under my treatment in the hospital, of whom none died, though among them were some serious cases. Even in the hospital the contagiousness of the disease manifested itself, for although the patients were kept perfectly separate, and the utmost care was given to cleanliness and ventilation, two of the hospital attendants, after fourteen days of service, caught the same disease, which however they got through nicely. The result of the treatment of this typhus abdominalis exanthematicus, which undoubtedly broke out epidemically, might therefore be considered very satisfactory, since none died.

The treatment of this disease was regulated according to the stages and the characteristic symptoms. For the premonitory symptoms, during which the hospital attendants came under treatment, Puls. and Nux vom. were given; in one case Acon. and Bell. when there was already fever and congestion of the head. As the patients brought into the hospital from the railway were generally in the stage of vascular excitement, the treatment was commenced by giving Acon. 3, one drop in water every six or three hours, according to the intensity of the fever. Frequently, however, Bell. either alternately with Acon. in the 12th or 6th attenuation, given in the same way, was found an excellent remedy. In the more advanced stages Bell. also did good, but Merc. dulc. (calomel *) and afterwards Calc. were required. If marked sensitiveness was present, especially in the cœcal region, if the stools were greenish, bloody, slimy, with tenesmus, burning in the anus, frequent pinching in the bowels, then I did not hesitate to give Merc. dulc. (5 to 95) in from 1 to 2 grains every three or two hours, either alone or alternately with Bell., and generally with decided good effect. The motions after this became within twelve to twenty-four hours much rarer, less copious, more consistent, altered in colour (yellowish or brownish), the burning in the anus subsided, the pain in the bowels was scarcely felt; the thirst abated; more urinary secretion occurred; the sleep was sounder, more refreshing; perspiration that had been suppressed by the fever came on, and convalescence was established.

If the disease did not soon get better, it went on to the third stage; if the diarrhœa and therewith the strength of the patient rather increased than decreased; if the delirium and waking visions became more prominent, then Merc. dulc. was discontinued, and instead of it a drop of Calc. carb. 12 was given alternately with Bell. 12, every six or three hours. If amendment did not soon occur, then Calc. carb. 6 was given alone every six or three hours, one drop in a spoonful of water, and usually with good effect. Under this treatment this stage rarely lasted beyond the twenty-first day of the disease, and

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* I have formerly used calomel in the 2nd or 1st trit., 1 to 2 grains for a dose every three or two hours, in the second stage of typh. abdom., and in one case only did I find it requisite to increase the dose to 1-6th of a grain, whereupon the disease improved, that is to say, yellowish brown loose stools appeared, the motions became less frequent, thereafter quiet sleep, critical sweats, &c., came on, and from that time the recovery advanced rapidly. Griesselich mentions, in the *Hygea*, Vol. XIII., p. 184, the efficacy of calomel in typh. abd. exanth. in high attenuations, I desired however in this case to produce a sure action.

amendment generally set in before that date; and even the worst cases recovered under the use of these two last medicines, especially the Calcarea. In one case only, where the tongue and lips were quite dry, the complexion earthy, painless diarrhœa, the stools passing involuntarily as if from paralysis of the bowels, I gave Phos. 3 or 2 with good effect. The physician of another hospital employed Acid. sulph., which Rademacher recommends in his book in petechial fever, in allopathic doses with pretty good results. I have never used this medicine in homœpathic doses, as I was quite satisfied with the results obtained by the remedies I employed, and saw no reason to change them.

II. MUMPS.

In the following year, in L—, many persons were affected with cynanche parotidea in the months of June and July, at a time when ague and catarrhal affections of the bowels and respiratory organs were prevalent. The mumps raged among the labourers almost epidemically. The disease was usually preceded by feelings of general illness, ill-humour, prostration of the limbs, disturbed restless sleep, anorexia, shivering alternately with heat; headache, extending to the neck; coryza and uneasiness. A few days afterwards the region in front and beneath the ear became swollen and hard, generally also red and painful. Sometimes nearly the whole neck swelled also; this was generally the case when the submaxillary glands and tonsils were affected, as often occurred. The swollen part was the seat of pains of a tensive character, combined with pressure, rendering not only chewing, but swallowing also difficult. When the mumps affected one side only, the face appeared as if drawn to one side, and was hence more readily remarked. Often the cellular tissue and the skin overlying the gland were inflamed, and when the latter was the case, the patient seemed to have erysipelas. It sometimes happened that sympathetic swellings occurred, generally of one testicle, and then it was usually on the opposite side to the seat of the mumps, the scrotum over the affected testicle was more or less swollen and red. It also sometimes happened that after the disappearance of the mumps a metastatic inflammation of the testicle was developed.

Patients affected with this disease showed more or less fever; sometimes it was so slight, that the patient did not think it worth while to go into the hospital for what appeared to him but a slight glandular swelling; in other cases the fever, which was of a synochal type with full tense pulse and great heat, compelled the patient to seek his bed. The other symptoms were, when the disease was severe, hot, dry skin; hot head, the brain appearing to be most affected; aching, hot feeling in the head; shooting pains in the affected parotid; redness of the face, and in some redness of the conjunctiva, photophobia and flow of acrid tears. Besides these the following were also observed in a greater or less degree: anorexia, white furred tongue, thirst, constipation or diarrhœa, sometimes pain in the abdomen, dark yellow or red urine, shooting or bruised pain in the affected testicle. In some there was cough, with but little expectoration of mucus, and with heat and aching in the chest; sleepiness; restless sleep at night; starting on falling asleep, and horrible dreams during the uneasy sleep. These patients were prostrated and depressed at the very commencement of the disease; but this state of the mind soon went off as the disease declined.

With respect to the course of this parotitis it was usually a week, at most a fortnight before it terminated, and by that time the recovery was usually complete.

Among the causes that contributed to the development of the malady must be reckoned suppression of the perspiration and generally the atmospheric influences of the weather, which was very changeable; no doubt the catarrhal constitution of the soldiers occasioned this parotitis catarrhalis vaga.

As regards the termination it was in resolution, which announced its appearance in favourable cases on the third or fourth day by general warm perspiration; the sleep became more tranquil, the fever declined, the swelling began to subside, became flatter, the redness of the skin grew perceptibly less, and so in proportion the other morbid symptoms. When the mumps came on almost without fever, it lasted longer, the absorption and resolution of the swelling went on generally slower.

As regards the treatment, the chief object was to bring about the resolution of the swelling as quickly as possible. For this end the patient was kept in bed, covered with a moderate supply of clothing, and protected from being overheated or getting a chill. Food and drink of an appropriate kind were prescribed. Externally the swelling was bound up in dry cloths, the swollen scrotum was brought into an elevated position, and also covered with dry cloths, and a suspensory was used. Internally Belladonna was the chief remedy; it proved a real specific in this epidemic, effecting rapid amendment and cure. It was generally given in the 3rd dilution, a few drops in several ounces of distilled water, a tablespoonful every three hours, and it was continued till convalescence set in. On the decline of the disease, the medicine was given at longer intervals, and at length discontinued, the patient only being protected from getting a chill.

When the inflammation was not so marked, Merc. sol. was sometimes used. The patient got one grain of the 2nd or 3rd decimal trituration once a day, and generally with a good result.

When the course of the disease was slow, and almost unaccompanied by fever, besides Bell., Calc. carb. was given.

The sympathetic inflammation of the testicle generally went away at the same time as the mumps.

III. ORCHITIS GONORRHOICA.

Apropos of sympathetic inflammation of the testicles, I may here allude to the treatment of gonorrhœal orchitis, which usually occurs after the suppression of the urethral blennorrhœa, for the discharge either ceases entirely or becomes very slight. This inflammation arises, as is generally known, in connection with gonorrhœa, either sympathetically by propagation of the inflammation of the urethra to the testicles, or by metastasis after suppression of the discharge. The cause of the former inflammation, that is, of the extension of the urethral inflammation to the testicles, is having gonorrhœa and not wearing a suspensory bandage when riding, dancing, &c., taking too much alcoholic liquors and other heating things; indulging in coitus; the use of purgatives, cubebs, copaiba, turpentine, &c., and getting a chill. The cause of metastatic orchitis is often injections with cold water, or with saturnine solutions during the gonorrhœa, whereby the discharge is suddenly suppressed. In this inflammation the epididymis is usually most inflamed and swollen, and an examination of the orifice of the urethra and of the patient's linen throws most light on the origin of the disease.

Such cases occurred in large numbers while I had the charge of the hospital, some of them being accompanied by very well-marked synochal form. All these inflammations were generally ushered in by painful drawings in the abdomen, the renal region, and the groin, whereupon a painful feeling with commencing swelling of the testicles occurred, and this swelling often attained a considerable size in the course of a few hours. The swelling was at first soft, of a spongy feel, and in many cases attained the size of a fist and more. Sometimes it went from one testicle to the other. The pain in it was often shooting or pressive, especially in the testicle itself.

In order to cure this inflammation as quickly as possible, the best remedy was Belladonna 3 in water, at the rate of a drop every six hours. The patient was confined to the horizontal position, a suspensory was loosely attached, so that the testicle should not hang down, and a thick soft linen cloth was laid under the scrotum to keep it in the horizontal position, and a little beyond. If the pain did not rapidly yield to the Belladonna, then a cold wet compress was applied, and wetted again as soon as it dried. If the local inflammation, and especially if the fever, did not soon yield, and the tongue was clean, a few drops of Aconite 3 in water were given, especially if the squeezing pain in the testicle was severe, and the compress was continued. If the shooting pain in the testicle persisted, a few doses of Nux vom., 6 dec., were of use; on another occasion Bryonia 3 every three and on amendment every six hours, was given with advantage. Tartar emetic, 1 gr. dissolved in 6 oz. of water, and given every hour in tablespoonfuls, was only of use in those cases that were conjoined with gastric symptoms, as furred tongue, bad taste, eructations, anorexia, constipation, &c. Along with the Tartar emetic the wet compresses were used. As to food, the patients got only soup three times a day. If the fever was moderate, the appetite good, I allowed in addition to the soup some cooked plums and some ounces of bread, and only water for drink. When after the removal of the orchitis the gonorrhœa returned, Petroselinum and Sulphur in low dilutions alternately were employed with advantage. In some cases, where a hardness of the epididymis remained, this was speedily removed by a dose of Sulph. trit. 1, a grain daily for some days; on one occasion Iod. pur. 2, one drop in alternation with Sulph. cured it tolerably quickly.

IV. CONDYLOMATA.

I shall here describe a kind of condylomatous disease, for which I employed Tartar emetic with good effect.

The disease consisted of fig warts, which were flattish, pale coloured, secreting a very fœtid ichor, that came on almost every part of the body, not only on the penis, behind the glans, on the scrotum, on the anus, the thighs beside the scrotum, but also on the hairy scalp, the corners of the mouth, the lips, especially their red part, on the tonsils, &c. On their apices there were not unfrequently small ulcers, scabs, blisters. Those on the face sometimes resembled variolous pustules. Along with them occurred syphilitic symptoms in the shape of a kind of tuberculous pustule, like acne or variola, the base of which seemed to be indurated. These were also observed on the hairy scalp; they had a dark red base, were covered with scabs, or had a pustule in their centre. Occasionally condylomatous ulcers were present at the same time, the surface of which was spongy, dry or moist and white, not excavated, but nearly on a level with the surface of the skin, or even sometimes elevated above it, resembling an elevated wart, and not only on the genitals of both sides, but also like the condylomata themselves on other situations. This form of disease, which is very hard to cure, when it is cured, leaves for a long time behind it red elevated pimples, which depart gradually, and often leave deep cicatrices.

This secondary affection, which doubtless is a complication of syphilis and sycosis, often yields to Tart. em. At all events I saw in my hospital practice excellent results from its employment. This remedy, which was pointed out by Dr. Kraul, of Rastatt, in *Hufeland's Journal,* Vol. 5, p. 241, was given by him twice a day in the case of a man with extensive warty excrescences behind the glans. After a week the warts were diminished in size, and in five weeks a cure was effected. In the *Militärärztliche Zeitung,* 3rd year, pp. 239, 240, it was also announced that Tartar em. had been accidentally found useful in urethritis, and moreover that it was of use in syphilitic ulcers of the throat, sore mouth, ulcers of the fauces and primary chancre on the penis. A cure was effected by its means of syphilitic cutaneous affections, and of one case of paraphimosis; of thirty cases so treated, one only had a relapse. A London physician gave the preference to Tartar em. over Mercury and Hydriodate of potash in the treatment of syphilis. Finally this remedy had been already successfully employed by a homœopathic physician in the same disease. (*Allg. Hom. Ztg.,* Vol. 21, p. 276.)

In 1845 I began my trials with the Tartar em. in cases that seemed to me appropriate, and I must confess that they were generally successful. When I met with a patient who had the above described morbid symptoms, and if he alleged that he got this secondary disease after chancre and gonorrhœa, I concluded that Tartar em. was indicated, as it had been found useful by other physicians in similar cases. I therefore prescribed in such cases the Tartar em. not only externally but at first internally, in the dose of 1 to 2 grains in 6 oz. of distilled water, a tablespoonful every three hours. Did no particular change occur after a week, I then employed the remedy externally also; from 3 to 4 grains were dissolved in 2 oz. of distilled water, and the warty excrescences moistened with this twice a day, by means of a thick roll of lint soaked in the solution. A piece of rag or lint moistened with this solution was then laid upon them, and the part bandaged up. The patient was kept rather low; he was allowed chiefly vegetables, light farinaceous food, rice, fruit, and seldom animal food. He was prohibited from taking fatiguing exercise, and rest was enjoined. The remedy was always borne well by the patients, even though they took it for several weeks at a time; externally it certainly occasioned some pain, but the patient soon became used to it, and did not mind it, as he saw that his disease improved under its use, and the cure advanced rapidly even when the disease was very extensive and of long standing. I do not remember any relapse occurring.

ON THE IMPORTANCE OF AN EARLY AND CORRECT DIAGNOSIS IN DISEASES OF THE CHEST, AND THE CHOICE OF A WINTER CLIMATE IN THESE AFFECTIONS.

By R. MacLimont, M.D., M.R.C.S.

So much has lately been written on climate and diseases of the chest, that I think I owe some apology to the profession for venturing to call their attention to the views expressed in this paper. My excuse must be, that although so much has been well and ably written, both in our own and other countries on these subjects, still the majority of medical men have not, as yet, sufficiently recognized the paramount importance of detecting phthisis and some other chronic affections of the lungs in their very earliest stages, nor of so *discriminating* between the various climates recommended in these diseases, as to *insure* to their patients the utmost possible good from the change. Having also had some years personal experience of most of the climates reviewed in these pages, it seems almost a duty to lay that experience before my professional brethren, who have to think of places in connection with the sanative influence of their climates, and to select, often on mere hearsay evidence, the one that appears most likely to fulfil the conditions required.

Any medical man who has practised at the places, at home or abroad, resorted to by pulmonary invalids, must be painfully sensible of the keen disappointment often experienced by patients who do not realize from the change of climate all or any of the benefit they had looked for. And how often, too, does the physician so situated regret that he has not in his power to undo the mischief of sending patients away from the comforts of home and friends, to this, that, or the other place, who may be too advanced in disease to derive benefit from any climate, or who ought never to have been sent to the climate selected! For I have found that a climate not adapted to the mental and physical constitution of the patient, or to the *stage* of the malady, acts more injuriously on the diseased organism, and induces it to pass through its stages more quickly than that in which it may have originally developed itself.

Still, the sanative influence of climate in pulmonary consumption and other chronic diseases of the chest, is too well established to admit of any doubt; and because people die—and sometimes die more quickly than they would at home—at the various sanatoriums, that is no reason why well selected cases should not be sent to the climates adapted to them, with a fair and reasonable hope of great and permanent benefit resulting therefrom.

I am far from wishing any one to suppose that I consider even a new selected climate the only remedial agent in pulmonary disease, or that having fulfilled this indispensable condition, the patient is at liberty to neglect any of the other means of relief or cure, whether hygienic, dietetic or medicinal; but believing as I do that the benefit resulting from change of climate in chest diseases is not so much due to its being a *change* of climate, scene and occupation, as to the fact of the climate having some specific relation to and action upon the diseased structures, and that it is one of the most powerful agents for good or evil that we can bring to bear upon disease, I press upon my professional brethren the great importance of carefully studying the *individuality* of each case of disease, and that in relation to the *peculiarities* of the climate under consideration; and these too he should carefully point out to his patient, who, on reaching his destination, ought to know *where* to settle himself in it, *what* to guard against, *when* to leave it; in short, how to make the most of it. And above all, the fact should be forcibly impressed on his mind that he can only hope for any real or permanent benefit from the change by observing those conditions of cure, such as diet, dress, and exercise, which the nature of the case and the peculiarities of the climate demand.

In reviewing the relative *merits* of the climates usually resorted to by pulmonary patients, I shall do so not so much in their *order*, as in their connection with, and relation to, the different *stages* of chest disease, and particularly of phthisis, by far the most common cause of the mortality among chest patients.

I trust it may not be deemed a mere platitude if I just remind my readers that pulmonary tuberculosis is usually divided into three stages, or if I briefly call their attention to the great importance of giving heed to the *physical* signs which indicate these changes. One hears so much in these days of the powers of this, that, or the other infallible specific for consumption, that the only wonder is the disease has not ere this been eradicated and blotted out from amongst the "ills that flesh is heir to;" but whenever my curiosity has led me to examine such cases in detail, I have invariably been struck by the absence of a scientific diagnosis as arrived at by *auscultation* and *percussion*. It is of course very easy to assert that A. B. had "cavities" or "tubercles" in his chest, but experts in auscultation and percussion would wish to draw their own conclusions, instead of being obliged to depend upon the dogmatic assertion of another who, from anything that appears to the contrary, does not seem to have thought fit to have had recourse to the stethoscope at all; whereas it is by the skilful use of this instrument alone that the physician is enabled to arrive at a correct diagnosis, and to pronounce that *bronchitis*, which had been regarded—viewed in relation to the rational signs alone—as a bad case of pulmonary consumption. On the other hand, auscultation and percussion will often give evidence of the existence of serious organic mischief in the chest, when the rational signs are either altogether absent, or only indicate slight constitutional disturbance.

The rational or constitutional signs of phthisis and some other diseases of the chest are too well known to require recapitulation here. Physical diagnosis, however, is perhaps not so much cultivated by us as it ought to be, and as it is chiefly in the first stage, and still more so, in the one which I shall endeavour to show invariably precedes this *so-called* first stage of the disease, that we can hope to effect much good, either by treatment or climate, I consider it to be of the highest importance that we avail ourselves of all and every means which may enable us to detect the existence, or still better, the prodromata of this formidable affection.

Although I have no doubt that satisfactory results may be obtained from pleximetry and auscultation as usually practised, and that they are sufficient for all the ordinary exigencies of diagnosis;* still I am convinced that we may often derive much advantage, especially in difficult cases, from the *combined use of percussion and auscultation.* The simultaneous use of these two modes of examining a chest is nothing new, but certain difficulties have hitherto stood in the way of its being adopted in practice, not the least of which consisted in the supposed necessity for the co-operation of two observers; but I have found that by using Dr. Cammann's *double* stethoscope (which enables the auscultator to face the patient), it is not only possible, but the easiest thing in the world to practise percussion simultaneously with auscultation. The advantage of this is very great, as the sound elicited by percussion is thus intensified to an extraordinary degree, and conveyed to *both* ears with a distinctness very different from the vibrations that reach the auditory nerve in the usual way, *i. e.* through the medium of the atmosphere.

I believe that by this method it is possible to detect an amount of consolidation of the lung, which would escape notice if examined in the usual way, and that we may thus be able very frequently to form an early and correct diagnosis in cases of incipient phthisis, and so adopt curative measures when they are most likely to be of use. I have said that by this method, far better than by the other, we may discover that earliest indication of organic lesion in phthisis, a certain *obscurity* of sound arising from a condensed pulmonary parenchyma, but no less satisfactory is it as a means of establishing a *differential diagnosis* in those cases in which we are sometimes at a loss to distinguish whether the dull sound is due to effusion or to induration of the pulmonary tissue; as also in cases of *cavities*, in which it may be desirable to ascertain whether they contain air or liquids, or both; if air only, then auscultatory percussion yields a far clearer sound than can possibly be got by the ordinary method; but if, as is most commonly the case in large cavities, air and fluids co-exist, then by this means the hydro-aëric sound may be heard very distinctly; while for recognizing that valuable evidence of a pulmonary vomica, the "*bruit de pot fêlé*," there is no means so accurate as the one I am now recommending. As a mode too of ascertaining the exact *size and form* of some of the internal organs, the liver, kidneys, heart, spleen, ovarian cysts, fibrous tumours of the uterus, &c., auscultatory percussion promises to be of signal service. Dr. Cammann uses a solid cylinder of cedar in preference to the ordinary hollow stethoscope, as being a better conductor of sound; he also percusses by means of a pleximeter; but in the great majority of cases I have found his *double* stethoscope and the fingers answer every purpose; although, when the object is to ascertain the size or condition of an organ far removed from the surface, and where the impulse has to be communicated through an external covering of some thickness—as in percussing the abdominal organs—then the solid stem and the pleximeter will give better results.

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* The finger has now very generally taken the place of the pleximeter, and it answers the purpose well when *it is not too fleshy*, in which case the sound elicited is often masked or rather muffled, and so misleads.

As another means of arriving at an early and correct diagnosis in diseases of the lungs, and one no less important, I would mention the *double* stethoscope already referred to.

Most medical men on using this instrument for the first time complain of—what appears to them to be—an exaggerated reverberation and undue resonance of all the phenomena of auscultation; for instance, the rough breathing in incipient phthisis, the fine crepitation of commencing pneumonia, the reverberation produced by the falling of a drop of water from the top to the bottom of a vomica* (metallic tinkle), will be conveyed to the ear with a distinctness and intensity almost painful, and very unlike the faint, quick, acute sounds heard by the ordinary single stethoscope in these cases. By means of the double stethoscope † I have often detected a very *slight* degree of feebleness of vesicular respiration at the apex of a lung, which taken in connection with a correspondingly slight amount of *dulness*, as ascertained by auscultatory percussion, has enabled me to pronounce positively upon the nature of the malady, and that when neither patient nor friends ever dreamt of pulmonary disease.

Before proceeding to the consideration of the *climates* best adapted to phthisis in this, usually called its first stage, I would briefly allude to the great importance of recognizing it in a yet earlier phase of its existence, in its *pre-tubercular* stage, one in which the physical signs indeed are not so well marked as to claim general attention, but which I feel sure may, at least in a certain number of cases, be detected by a careful exploration of the chest with the means here recommended.

Tubercle, the proximate cause of phthisis, is, as is well known, a material formed and deposited from the blood, and the condition of this fluid most conducive to its production consists in an excess of fibrin and a diminution of the red globules. But is every person in this condition in a state of incubative tuberculosis or threatened therewith? No; for in addition to all this and much more, there is required for the production and deposit of tubercle a *tertium quid*, a remote cause—a diathesis—hereditary and not acquired—the precise nature of which we are as yet in ignorance of, and may ever remain so. But it is not my intention now to enlarge on the pathology of this disease; it is enough to establish the fact that the deposit of tubercle is the result of *depraved innervation*, and that the main chance of benefiting the patient consists in the early discovery of the symptoms, and bringing to bear upon them all the remedial agents in our power.

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* According to my experience this sign is not so frequently heard as is supposed, and when heard constantly and distinctly, it is more pathognomonic of *hydro-pneumothorax* than a cavity.

† A very valuable modification of this instrument has been made by Dr. Scott Alison, of London. The improvement consists in the instrument having two stems as well as two ear tubes, by this means *different* parts of a chest may be auscultated at the same time, and so compared. Another improvement is that in which a *layer of water*, enclosed between membranes, is interposed between the ear of the operator and the chest of the patient; in this way the reverberation and diffused resonance complained of by some who have tried Dr. Cammann's instrument, is got rid of, while the different phenomena are rather intensified than otherwise.

Some of the earliest indications of tubercular disease in this its forming stage are, a sense of *weakness* and *languor*, with loss of strength and flesh. The features, from being round and placid, acquire a sharp and faded look. This is more apt to be the case in the morning, when the eye lacks its usual expression, although it acquires an unnatural degree of brilliancy towards evening; the alæ nasi are slightly dilated, and the mouth takes a certain drawn expression, not easily described, but readily recognized by the practised eye of one in the habit of seeing pulmonary patients. The bowels are apt to become constipated, unless habitually and constitutionally so, in which case the tendency is rather towards relaxation; the urine often deposits lithates; well-marked nervous and dyspeptic symptoms make their appearance, as well as many more which it would be tedious to enumerate, but all betokening a diminution of *biotic* force, and the conversion into a morbid material, of those constituents of the blood which, in health, minister to the nourishment and growth of the human body. There is usually observable a slight increase of the arterial system, the pulse ranging from 80 to 90, increasing towards evening, and being, moreover, small and quick: the equilibrium, too, of the circulation, is disturbed, causing coldness of the hands and feet; and in the case of young females this unequal distribution of the great pabulum of life often occasions irregularity, diminution, or even total suppression of the monthly period. In their case, at least, it would seem as if nature made an effort to economise the precious fluid, conscious of its vast importance. The functions of the skin are also apt to become impaired, the skin itself being too pale, as well as moist and clammy, while the inability to take a proper amount of active exercise has a tendency to produce engorgement of most of the internal viscera, and consequent disturbance of their functions; while, the non-elaboration of healthy blood produces badly assimilated chyle, which in its turn is converted into tubercle, and deposited in that organ for which it may happen to have a particular affinity. In the case of those threatened with *pulmonary* tuberculosis there are also other indications which we ought not to disregard: one of these is a great susceptibility to catarrhal attacks—"taking cold," as it is called—and that on the least exposure. This in reality is the commencement of that form of bronchitis which very commonly is an intercurrent affection throughout the whole course of the disease. An affection of the *throat*, too, will often claim our attention at this early period; indeed, in certain cases, as in those of persons engaged in public speaking, etc., this is frequently one of the very first symptoms of tubercular phthisis; and we can easily understand that it should be so when we consider the intimate relation which exists between the fauces, tonsils, and pharynx on the one hand, and the respiratory tracts and pulmonary tissues on the other. The extent to which the throat may become affected will of course depend on circumstances which I need not enumerate. It may be so trifling as merely to give rise to a few uncomfortable sensations, known and described as "roughness," inclination to "clear the throat," feeling of "rawness," inability to swallow easily, slight morning cough, etc., or it may present all the characteristics of extensive and deep-seated follicular disease, with hypertrophy of the tonsils and elongation of the uvula. Sometimes the larynx is the organ to suffer first, the patient complaining of occasional pain there, inability to raise the voice beyond a certain pitch, sudden loss of the voice, cough and expectoration of viscid mucus, together with much mental and physical prostration. Certain eruptions of the skin are also frequently observed at this period, particularly that form of pustulæ known as acne, which in a more advanced stage of the disease sometimes degenerate into indurated tubercles. Up to this stage the chest itself may not give any very decided indication of being affected. If there is cough, it is only slight, and attributable more to irritation of the larynx and bronchia than to the lungs. Occasionally a feeling of *soreness* is complained of, but this is more frequently caused by intercostal rheumatism than by any amount of disease existing in the lungs themselves. If, then, the study of the rational signs of pulmonary disease at this early stage is attended with some difficulty, it is the more necessary to endeavour, through the resources furnished by science and art, to make nature speak more audibly and tell her own tale; and, as a means to this desirable end, I would recommend to my professional brethren the diligent use of auscultatory percussion and the double stethoscope; for I feel persuaded, from experience of this method, that by it we can far more readily and satisfactorily detect the existence of those phenomena which indicate commencing disease in the lungs, such as slight dulness, increased vocal resonance—not amounting to bronchial breathing or bronchophony—rough and puerile respiration, prolonged expiratory murmur, etc., than by merely having recourse to the usual method of physical exploration. It is in this—in reality the first—stage of phthisis, that much good can be effected, either by treatment or change of air; and it must be a source of real satisfaction to the homœopathic physician to know that he possesses some remedies which, even apart from the adjuvant of climate, have the power of frequently arresting diseased action at its very source, and before its poisoned streams can carry disorganization and death to distant and vital organs.*

There can be no doubt that a winter residence, even in the more sheltered parts of England, is to be deprecated in the case of most patients in the early stages of pulmonary disease. The climate is so variable, the springs are so long and trying, that in the case of susceptible patients at least, five or six out of the eight winter months must be passed in-doors, whereas, in a mild and sunny climate, daily exercise in the open air can be taken, and so not only the natural spirits, but the functions of digestion, respiration, and the skin, kept up to a comparatively natural and healthy standard.

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* I can now merely mention the names of the remedies which are of use in this stage,—*Acon.*, *Zinc*, *Nux*, *Ars.*, *Conium*, *Phosph.*, in the first, third or sixth dec., according to circumstances.

It has lately been advanced—so contrary is the evidence in favour of climate—that a cold dry atmosphere is just as suitable to pulmonary invalids as a mild or warm one, and those who take this view recommend their patients to go to northern instead of to southern climes—to Norway, Sweden, Russia, or Canada, instead of to Madeira, Egypt, Malaga, Pau, Nice, or Rome. Now there can be no doubt that even diseased lungs will bear a cold, dry climate, such as Canada, far better and with much less injury than ours, in which the conditions of cold and damp are so frequently combined. Yet a personal experience of Canada enables me to say that it is not a climate suitable to patients in whom disease is already formed, although in the case of persons merely predisposed thereto, I should give to it a preference even over the climates of the south. Indeed in such cases, and even in some in which disease has made a little progress, a cool, dry and bracing air is much more salutary than a warm, humid and relaxing one, because in this case the general health of the patient is apt to suffer, and I need not say that it is of the utmost importance to endeavour to bring this up, or to keep this up to the natural standard. If we are fortunate enough to see the patient before disease has made decided ravages in the lungs, or still better to detect it in its incubative stage, I know of no means so likely to re-establish health, or at least arrest disease, as the removal of the patient during the winter months to a mild, dry, and somewhat tonic air. Such are the climates of Nice, Cannes, Hyères, and Mentone. This group offers the physician no very great choice—certain characteristics and peculiarities being common to all. In general terms they may be said to possess a climate bright, dry yet mild, highly charged with electricity, and therefore somewhat stimulating, of considerable uniformity, and free from pernicious winds, at least during the months of November, December, January, February, and part of March.

Such a climate will suit persons of a lymphatic temperament, better than those of a nervous and irritable constitution; those, in whom the various functions may require to be roused into a degree of activity, and in whom no great tendency to inflammatory action exists. They are also well adapted to persons of a scrofulous habit, and to those whose constitutions have been injured by long residence in tropical climates. But it cannot be denied that the climates of these places are of too irritating a nature to suit all patients in the so-called first stage of pulmonary consumption, as they sometimes disagree, in which case they increase the cough, fever, and general irritation; while in acute inflammatory bronchitis they are just as prejudicial, occasioning tightness of the chest, irritation of the mucous membrane, and scanty expectoration.

A six months' residence at Mentone last winter, and a rather extensive practice amongst the invalids there, has enabled me to form a correct judgment—as I think—regarding the merits of this little sanatorium, which of late years has been resorted to by phthisical and other patients.

Situated at the base of a semicircle of high mountains, Mentone is considerably more sheltered from the influence of the *mistral* than either Nice, Cannes, or Hyères. It would therefore be a better residence for pulmonary invalids during the prevalence of this wind than either of those places were it not that it is much more exposed than they, to a wind equally pernicious, the south east. During the months of March, April, and part of May, last spring, this obnoxious wind blew almost daily, and with great force; and I regret to say that almost all the invalids lost, during the prevalence of this cold keen wind, all or nearly all the benefit they had derived from a long continuance of beautiful winter weather. Another objection to Mentone is its proximity to the sea, the air of which is exceedingly thin and exciting on this coast; and it is absolutely impossible to get away from its influence, the form of the ground being such that the houses must be built along the sea beach.

It is said by some that the air bordering upon a still sea like the Mediterranean is not impregnated with saline particles, as is the case on the shores of our own island, but it is a great mistake to say that the Mediterranean is a "still" sea, at least in winter and spring: on the contrary, it is subject to heavy gales, which lash its waters into foam, and thus minutely divide and sub-divide its particles on such occasions, so that they are freely deposited on the adjacent panes of glass, grass, and shrubs. I invariably found that this condition of the atmosphere disagreed with the majority of my patients, giving rise to increase of cough, dyspnœa, prostration, insomnia, and some other unpleasant symptoms, while in the case of persons affected with asthma it acted as a very poison: indeed, the climate of the Ligurian coast is not suited to the majority of asthmatic cases, especially to the *nervous* form of this disease, nor yet to rheumatic or neuralgic patients.* Still, persons out of health from various causes, and others in whom the stomach and bowels were elsewhere disposed to chronic looseness; young persons of a strumous diathesis, and even one or two pulmonary patients in whom tubercular deposit had taken place, derived some benefit from the climate, and I have no doubt that it will continue to be resorted to by those in search of health, *with whom a strong sea air agrees*, but for the reasons already assigned, and also on account of the difficulty of procuring good wholesome food, I do not think Mentone will justify the very exaggerated statements that have been made regarding it.

The climates of Cannes and Hyères generally resemble those of Nice and Mentone, but they are subject to greater and more sudden changes, and are much more fully within the influence of the mistral than either of the other places: Hyères, in particular, is exposed to cold damp easterly winds, as well as to the north and north-west, and is not by any means free from those fogs which roll down the valley of the Rhone.

Nice, then, upon the whole, offers the greatest advantages to invalids of any of the places on this coast; its extent admits of a variety of conditions of atmosphere which do not exist at the smaller places: for instance, those with whom a sea air agrees, may place themselves advantageously on the Promenade des Anglais and neighbouring localities, whereas patients who are more advanced in disease, and therefore requiring a less stimulating, more sedative, and somewhat moister air, will find the climate of St. Etienne or the Cimiez better adapted to their condition; indeed, at either of those places, and more particularly at the latter, the delicate invalid can so place himself as to secure the utmost benefit that can reasonably be expected from change of climate, provided the case is one with which Nice and its environs is at all calculated to agree.

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* This is not the case at Nice, *some parts* of which suit such patients admirably.

More advanced cases of disease, as well as those in which a considerable amount of acute inflammatory action exists, being characterised by dry cough, accelerated pulse, and much feverishness, will derive more benefit from a softer and more sedative air than that possessed by the group we have been considering, and Madeira, Egypt, Malaga, Rome, and Pau offer these advantages.

A three years' residence in Madeira enables me to say that the climate of this beautiful island is admirably adapted to such cases, possessing as it does an atmosphere free from extremes and sudden alternations, of great barometrical and thermometrical uniformity, a winter temperature averaging 64°, and totally exempt from cold winds; but on the other hand Madeira is undoubtedly *relaxing*, predisposing to various affections of the stomach and bowels, and altogether unsuited to children and healthy adults. Even those invalids with whom the climate agrees cannot remain long in the island, and instead of doing so, or returning year after year, it would be far better to try the effect of one of the intermediate climates, regard being had, in the selection, to the peculiarities of the case, the stage the disease may be in, &c.

Egypt possesses a climate in many respects like that of Madeira, yet differing from it in one or two important features. It has like Madeira a high winter and spring temperature, great uniformity, and absolute freedom from high and cold winds, yet though quite as mild and balmy, it is neither damp nor relaxing, indeed I know of no climate on the face of the globe, nor do I believe such exists, so admirably adapted to phthisis in all its stages, and also to other chronic diseases of the chest, as that of upper Egypt; there, the invalid will find a climate so exquisitely equable, so free from rain and moisture, so balmy yet invigorating and restorative, as not only to prove highly curative in diseases of the respiratory organs from its direct action thereon, but as well calculated to improve the general health and spirits, and to repair the waste which so constantly follows in the train of these diseases. But unfortunately it is as yet difficult for most patients to avail themselves of the advantages offered by Upper Egypt; it is still too far off, and the mode of reaching it, as well as living in it, too expensive and uncomfortable, to admit of its being either a pleasant or desirable sojourn for delicate invalids.

Malaga has of late been a good deal recommended as a winter residence in chest affections, and although I am not personally acquainted with this place, I have had patients and friends who have passed one or more winters there, and by them I am assured that it is by no means so good a climate as some have led us to suppose, while the impossibility of getting good and wholesome food, and many of the necessaries of life—not to speak of the almost barbarous behaviour of the people and government towards English visitors—ought to deter us from selecting it as a place of winter resort.

Rome, as coming within the group we are considering, possesses a climate in many respects very like the others, but it has all their faults in an exaggerated degree; like them it has a still, serene, soft, bright atmosphere during the winter months, but it is subject to great and sudden atmospheric alternations in the spring. It is of all the others the *most relaxing*, apt to occasion disturbance of the stomach and bowels, such as gastric and bilious affections, diarrhœa, dysentery, &c., and not unfrequently, a form of malarious fever rather fatal to strangers.

Pau remains to be considered in regard to the sanative influence of its climate in pulmonary diseases. Although possessing many features common to the other climates with which it is classed, Pau is very much colder in winter than any of the places reviewed in these pages. A very considerable amount of rain too falls at Pau during this season; indeed merely considered as a *winter* climate it has not perhaps much to recommend it over the more sheltered spots on our own coast, such as Ventnor, Bournemouth, Torquay, and Penzance. But it is during the three trying months of *spring* that the great superiority of the climate of Pau is perceived, being at this season dry, mild, sunny, and remarkably free from the disturbing influence of winds. In this respect, indeed, as also in the fact of its possessing a very soothing air, well suited to invalids of a nervous and irritable temperament, and also those with whom an inland and somewhat soft atmosphere agrees, Pau offers many advantages. It has however the drawback, common to all such climates, of being rather relaxing, and of disagreeing with persons subject to irritable bowels, or those of a lymphatic and strumous habit; yet patients who have derived benefit from a residence of one or more winters in Madeira, for whom a change may be considered desirable, and those also who may wish to escape the severity of the spring in this and other countries, will find in the climate of Pau all they can desire.

DIPHTHERIA.

THIS disease, which has become a familiar object of treatment in both hemispheres, has now afforded sufficient experience to the homœopathic practitioners of Europe and America to allow us to hope that its treatment is pretty well understood, and that we may have a fair chance of treating with success any cases that may come before us in practice. This hope, however, is not entirely justified by what has hitherto been published on the subject by homœopathists; for while, on the one hand, we find practitioners boasting of invariable success in their treatment of diphtheria, we are often led strongly to doubt, from their recorded cases, whether they have ever had an opportunity of treating a real case; and on the other hand, we find that cases die under the hands of homœopathists, perhaps not so frequently as under allopathic treatment, still too often to allow us to flatter ourselves that homœopathy is as omnipotent in this disease as some of its partizans would have us suppose. Whilst some cases of true diphtheria terminate very satisfactorily, others, in spite of the same, or any other treatment, go steadily on to a fatal termination. From the writer's experience, he should say that age was the most important point to consider in forming the prognosis of severe cases of the disease. While he has seen, apparently, the very worst forms of the disease in adults recover, he has seen cases in children that did not appear half so bad, cases in which the patient was very little incommoded by the disease, drag on in a slow march, and at length terminate fatally after many days' duration. He would say, judging from his own experience, that a child below eight years of age, with a severe attack of diphtheria, has but indifferent prospects of recovery, still less if with a natural predisposition to croup. As far as he has been able to observe, the death of children in diphtheria, if the disease go on beyond four or five days, occurs by a propagation of the diphtheric process to the larynx. Accordingly, in cases of this disease occurring in children, at each visit he listens most anxiously for the sound of the voice; and if he hears the peculiar noise caused by the glottis being involved in the disease, he forms a bad prognosis of the case.

Perhaps he may be allowed to relate the case of a child whom he watched with painful interest from near the commencement to the termination of the malady.

S. H——, æt. 7½. Seen first on the 30th March, 1860. In front of the house inhabited by the patient the road has been up for some weeks, the main sewer being under repair or renewal. From the deep hole caused by the excavations there comes up an exceedingly disagreeable smell, that is almost overpowering when one stands at the front door of the house. Round this pestilential trap the little girl had been playing for several days before she was taken ill. She was observed to be languid and ailing for some days, and on the 26th she complained first of sore-throat. She was not seen by a doctor until to-day (30th). The right side of the throat is inflamed and swollen; a patch of diphtheric deposit, of a dirty yellowish colour, covers the whole of the right tonsil, and streaks of white, as if made with a paint brush, extend from the right side of the fauces over the palate; bowels regular; swallowing painful. I touched the diseased parts with a solution of Nitric acid, and gave Acid nitr. 1 internally. To take beef-tea and port wine.

31st. The diphtheric patch is much larger, and spreading over the palate—it looks like a piece of wash leather; the fauces seem quite choked up with the swelling and deposit; pulse pretty good, 80; she swallows, though with difficulty. Acting on Dr. Madden's suggestion, I applied the Tinct. ferri muriat. to the throat where the diphtheric exudation is. The patient is lively, cheerful and obedient; the bowels are loose; the breath horribly fetid. I prescribed Merc. iod. 1, a dose every two hours; wine, brandy and beef tea to be given every hour.

1st April. The tinct. ferri mur. was applied three times: pulse good; patient cheerful; breath less fetid; the deposit does not seem to have spread upwards; the throat outside, and also the face, are very much swelled. Cont. Tinct. ferr mur. and Merc. iod.

2nd. The deposit appearing to be loose at its upper edge, I seized it there with a forceps, and readily removed a crescentic mass about an inch in length and three quarters of an inch in breadth, a quarter of an inch thick in the middle. It is very tough, and feels like a piece of German tinder; in colour it is a pale brimstone. Under the microscope it seems to be composed of a granular yellow mass, with fat globules here and there. After its removal she swallowed easily; drawing it away caused but little pain, but frightened the patient much. The throat externally less swollen; pulse pretty good, 80. Cont. Merc. iod.; omit application of Tinct. ferr mur.

3rd, 10 A.M. Throat internally less swollen, but more of the diphtheric deposit is visible where the mass was removed. She can only take beef-tea and brandy and water; other things make her sick. Last night she had Bell. alternately with Merc. iod.; on the previous nights she had been delirious; last night was much quieter; pulse 90, weaker. Cont. Merc.

iod.; the Tinct. ferr. mur. to be reapplied. 5 P.M. Pulse 120, weak; is rather hot and restless. Cont. Ferr. mur., Merc. iod. 1, and Am. carb. 1, alternately every two hours. 9 P.M. Pulse 110, better; a good deal of deposit is visible in the throat. Cont. med.

4th. A very bad night; is weak and drowsy this morning; bowels relaxed five or six times in the night; motions very watery and dark; a slight appearance of diphtheric deposit on the left side of the palate; breath very fetid. Arsen. 3 for diarrhœa. Cont. Merc. iod. Bell. at night if restless or delirious. Cont. Ferr. mur. to throat.

5th. Diarrhœa stopped; had a better night; swallows easily, but it gives pain in the ear. Goes on with brandy and water and beef-tea alternately. Urine albuminous; frequent inclination to pass it. Cont. med.

6th. Weak, but throat looks better; little of the deposit to be seen, but the process is probably going on lower than can be seen, as she cannot open her mouth wide; one loose motion to-day; complains of pain in ear when swallowing; urine less albuminous. Continues to take the beef-tea and brandy: took some milk, but threw it up again. Cont. med.

7th, 10 A.M. Cough set in at 3 A.M.; passed a bad night; voice altered; symptoms otherwise the same. Hep. sul. 1 every two hours. 11 P.M. Croupy symptoms developed in cough, voice, respiration, tenderness of larynx; can only swallow a drop or two at a time, as the fluid seems to get into the larynx and bring on choking; pulse 100. Iod. 1 every hour.

8th. Had three loose motions last night, for which Arsen. was given. This morning she breathes better; cough not so harsh. Cont. Iod. Painted the larynx with the Tinct. iod. co.

9th, 10 A.M. A tolerably good night. She inhaled Tr. iod. in the steam of hot water. Three loose motions; perspiration; cough looser; great pain in swallowing. Cont. med. 10 P.M. She has vomited blood, perhaps some from the throat that has been swallowed; refuses all food; clammy perspiration; pulse much weaker; diarrhœa continues. Am. caust. Φ.

10th. *Mane.* Weaker; pulse very small, 96; speaks in a whisper; will not take anything; coughs a good deal; clammy sweat; diarrhœa of fetid black motions, apparently consisting of blood.

She survived until the night of the 11th.

This is an example of the worst form of diphtheria of the slow character, when the patient dies from exhaustion, and with signs of the blood being in a decomposed state. Cases are recorded where death takes place in the first two or three days; but such cases have never fallen under the writer's observation. All the fatal cases he has witnessed lasted about a fortnight, and the children seemed to perish partly from inability to take nutriment, partly from the extension of the disease into the larynx.

A complete contrast to this case was witnessed by the writer in May last. The disease was, in fact, so slight, that it should rather be called diphtheroid sore-throat than real diphtheria. The subject was a gentleman of 23 years of age, or thereabouts, who complained of sore-throat. The throat was considerably swollen externally, and painful to the touch; the right tonsil and surrounding parts were of a very deep red colour, and there was a deposit of diphtheric matter on the tonsil of about the size of a shilling. In conformity with Dr. Morgan's suggestion in the *Monthly Homœopathic Review*, Vol. V., diluted Muriatic acid was applied to the diphtheric spot, and Merc. viv. 1, and Bell. 1, were given alternately every two hours. The patch did not spread further, and the patient was completely cured in five days from the first appearance of the disease. The pain on swallowing in this case was severe, and the first two nights were very restless. The pain from the swollen throat externally was mitigated by warm fomentations and poultices to the neck, and the diphtheric exudation was removed piecemeal without giving any pain.

Betwixt these two characters of diphtheria every degree of the disease is to be met with. Cases equally severe with the fatal one recorded have been observed by the writer in adults, which, however, recovered. After the cessation of the diphtheric symptoms in these severe cases, some odd paralytic symptoms usually made their appearance. At one time it was amaurosis, at another paralytic dysphagia, fluids returning through the nose on the attempt being made to swallow them; sometimes it was paralysis of the legs, and sometimes a sort of general paralysis of the spinal chord. All such paralytic symptoms gradually went off, but some of them not until after the lapse of several months.

On examining the writings of the practitioners of our school on the subject of diphtheria, we find a greater variety of opinion respecting the most appropriate medicines for this disease than is desirable. The cause of this is of course the impossibility of finding among the provings of remedies the exact counterpart of the diphtheric process, and as a great many medicines produce symptoms more or less suggestive of this process, every practitioner must feel a certain amount of embarrassment in the selection. This embarrassment is most obvious in the writings of those who have recorded the cases they treated on the first appearance of the disease in this country. Dr. Ozanne* expressed a decided preference for Bromine and Bromide of potassium; Dr. Madden,† who had about the first cases to treat in this country, tried without success in three cases, a great variety of medicines, and he indeed says himself, "No remedy we tried exerted any specially beneficial effect upon the disease."

Dr. Black,‡ after seeing two cases, one of which recovered under the use of Iod. merc., gives a theoretical recommendation of several other medicines, such as Kal. chlorat., Kal. bich., Brom., Merc. corr., Ars., Am. carb., Nitric and Muriatic acids, the two last, and Nitrate of silver, to be also applied locally.

Dr. Kidd, §, after treating four cases, two of which died, expresses most confidence in Iod., though it does not appear that he had then administered it in diphtheria.

Dr. Madden,‖ with increased experience in the treatment of the disease, strongly recommends the local application of the Tincture of the Muriate of Iron; and internally Biniod. merc.,

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* *Monthly Hom. Rev.*, May and June, 1857.

† *Brit. Jour. of Hom,*, Vol. XVI., p. 652.

‡ *Brit. Jour. of Hom.*, Vol. XVI., p. 653.

§ *Brit. Jour. of Hom.* Vol. XVII., p. 218.

‖ *Brit. Jour. of Hom.*, Vol. XVII., p. 232.

Bich. potass., Arsen. and Am. carb.; but it appears that since that time he has been led to prefer Dr. Morgan's plan of applying Muriatic acid locally.*

Dr. Black,† in a second article on the subject, continues to speak favourably of Iod. merc., and recommends Muriatic and Sulphuric acids, and especially Cantharides, the latter on theoretical grounds. He says that the Tinct. mur. ferri, as recommended by Dr. Madden, disappointed his expectations.

Dr. Smith, of Oldham,‡ records a case he treated successfully with Arsen., Iod., Kal. chlorat., Nitr. ac. and Am. caust., with Nitrate of silver locally applied.

A very severe case is recorded by Dr. Süss Hahnemann,§ as having been successfully treated chiefly with Merc. iod. internally and Tinct. ferri mur. locally.

Dr. Morgan ‖ published a series of ten cases successfully treated by himself. Some of them were mild forms of the disease, what we should be disposed to call diphtheroid sore throat, but several were of the severest description. Bell. and Merc. or Merc. iod. in alternation seem to have been his chief internal remedies, with Hydrochloric acid as a local application, and fomentations externally.

In America our colleagues have had frequent opportunities of treating this disease, and some have recorded the results of their experience. Dr. Snelling, in the *North Am. Jour. of Hom.* for Nov. 1859, and again, in a separate pamphlet, published this year,¶ discusses the subject of treatment. He places the most confidence in Bromine, Acid. mur. and Kal. chlor. He does not illustrate his remarks by any records of cases.

Dr. Raymond * recommends Kal. bich., Merc. iod., Arsen. and Am. carb., but it does not appear from his paper that he has had an opportunity of treating the disease, and from his assertion that the diphtheric exudation is a "real mortification of the substance," we should infer that he had never seen a case.

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* Dr. Morgan's pamphlet on *Diphtheria*, Preface.

† *Brit. Jour. of Hom.*, Vol. XVII., p. 619.

‡ *Brit. Jour. of Hom.*, Vol. XVIII.. p. 100.

§ *Brit. Jour. of Hom.*, Vol. XVIII., p. 650.

‖ *Month. Hom. Rev.*, Vol. V.

¶ *The Homœopathic Treatment of Diphtheria.* New York, 1861.

* *Proceedings of the 2nd Annual Meeting of the Hom. Med. Soc. of Oneida County.* New York.

In the 1st No. of the *United States Journal of Homœopathy*, Dr. Lilienthal relates a remarkable case of diphtheria in an infant 15 months old, where the disease apparently spread into the larynx, and which recovered under the use of Merc. iod., Mur. ac., Merc. biniod. and Kal. bich.

In the *Proceedings of the 17th Annual Meeting of the American Institute of Homœopathy*,* Dr. Hering, of Philadelphia, gives a brief abstract of his experience of diphtheria. In three months, he says, he treated about fifty or sixty cases with marked symptoms of diphtheria, and he had about the same number of light cases. "All recovered within seven days, except a few of the so-called scrofulous diathesis, which required more time." "The medicine given was mostly at first Belladonna. In some cases Bryonia or Antimonium crudum, which latter corresponded to the genus epidemicus particularly well. After the first medicine, Lachesis was indicated by the great sensibility to the touch on the throat, with or without a swelling. In a few cases Iodine or Bromine, the first in persons with dark hair and black eyes, the latter with blue eyes and blonde hair, was given with good effect. Mercury I gave only once, without benefit to the patient. No other medicine seemed to me to be indicated, and least of all the Iodide of mercury. Every single dose of any of the medicines, even in the worst cases, I allowed about twenty-four hours to act before I decided to make a change. The lowest potency given was the 200 of Jenichen; generally I used them higher, giving always in every repetition a higher degree. Dr. Lippe has had about a like number of cases, and as far as I recollect, has given nearly the same medicines in the same potencies with like success. Dr. Reichhelm had had six or eight weeks ago, about eighty cases, has given the 30 potencies, and lost none."

This is decidedly the most extraordinary experience in reference to diphtheria we have yet encountered. Taking Dr.

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* And also in the *American Hom. Rev.*, Oct and Nov. 1860.

Hering's loose enumeration at its lowest, here are 180 cases of marked diphtheria, besides ever so many slight cases, which all recovered, most of them within seven days. Then the remedies were Bell., Bry., Ant. cr., and Lach., and occasionally Iod. or Brom. Mercury and especially Merc. iod., which have been found so useful in diphtheria, by almost every other practitioner, are rejected altogether by Dr. Hering. We do not for an instant mean to throw a doubt on the accuracy of Dr. Hering's diagnosis, though we may be permitted to wonder how it was that so many cases presented themselves to him in so short a time, and how it was that as he tells us in only one case he succeeded in obtaining the membrane for microscopical investigation. The busiest practitioner in London, we venture to assert, has not seen as many cases of diphtheria in three years as Dr. Hering saw in as many months; and as for the diphtheric deposit, every case we have seen, even the slightest, would furnish plenty of it for microscopic or other investigations. Altogether we cannot understand Dr. Hering's very different experience of diphtheria and its treatment from that of any other homœopathic practitioner, and we shall look forward with the greatest curiosity to the details of the cases he promises to supply.

In connexion with the subject of diphtheria, we subjoin the remainder* of the interesting discussion that took place last year in the Parisian Homœopathic Society.

Meeting of Feb. 20, 1860—Dr. Davet, President.†

M. de la Pommerais spoke to the following effect:—

Gentlemen—After Dr. Curie's important communication on the treatment of croup and pseudo-membranous pharyngitis by *bryonia*, it is our duty to bring forward facts calculated to illustrate the question. A fortnight ago, I was called in to a boy, eleven years old, supposed to be suffering from croup. The allopathic family doctor had only employed anodynes, ptisanes, footbaths, &c., not having discovered the grave nature of the disorder till 24 hours after he was called in; then he informed the family, who hastened to send for me, having already to deplore several losses under allopathic treatment. I found a case of established croup, with fits of shaking cough, and a noise like the bark of a young dog, the crowing of a young cock, or the clucking of a hen; each inspiration sibilant and loud; expiration, short and difficult; the larynx painful to the touch; throat slightly swelled; some stripes of membrane coughed up twice, leading to such amendment as to pass for cure; but only succeeded, after an hour or two, by still more intense paroxysms; febrile pulse; somnolence; eyes puffed up and filled with tears. Proposed *bryonia*, for reasons which you well know. After the example of Dr. Curie, I gave the mother tincture 6 drops in 120 grammes of water, a spoonful every hour.

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* For the first part of this discussion see *Brit. Journ. of Hom.*, vol. XVIII, pp. 655—660.

† From the *Bulletin de la Soc. Hom. de France*, Vol. I.

In the evening, we found aggravation of all the symptoms, with pale, swollen face; ordered six drops more for the night. Next day, the face red, with a violet tinge; he threw his head back, and often put his hand to the larynx, as if to move the obstruction; suffocation threatening; inspiration much accelerated; pulse small, quick, thready, intermittent; anxiety extreme. Not giving up the case, and strong in the ideas which govern me in pathology, I questioned the father, and learnt that, a year or two before marriage, he had had what they call dog's itch (query, mange). From that simple indication, without hesitation, I gave *hepar*, 1 trit. in half-hourly doses, *taken with great difficulty*. Even that evening the patient was much better, having an hour before thrown up an entire membrane, which had produced a great calm. Patient still in danger, and swallowing difficult. I had ten doses of Hepar, 1st trit., prepared, of 5 centigrammes each, to be given hourly that morning; he was saved! Respiration much more free; pulse regular; very little cough; face nearly normal; we now only gave sugar of milk. In 30 hours he could be taken up for a few hours; and at present there remains only the remembrance of that terrible illness.

The second case is that of a little girl, 3 years old, Rue du Regard, No. 4, as follows:—

I was called in at the outset, and alone. The first symptoms were, heat of the skin; coryza; slight cough, and sore throat; pulse 120. Seeing nothing well characterised here, I gave *aconite*, 1st dilution, every hour. At five next morning they sent me word the child was suffocating, and my suspicions were now confirmed. Pain and sensation of distress, with the throat swollen; eyes full of tears and swollen; voice sibilant; bleeding at the nose; vomiting of some membranous concretions; convulsive cough; suffocation; thin, cold sweat, and intermittence of the pulse for 15 minutes at intervals of same period. *As the parents said they had never been ill*, I gave simply *bryonia*, mother tincture, 6 drops in 120 grammes of water, a spoonful every half hour. In the evening, suffocation having been imminent, Belladonna, 1st dilution, 12 drops in 120 grammes of water; a spoonful every quarter of an hour. By 11 P.M., much relieved; ordered the same dose every hour. In the night, she had thrown up a false membrane of considerable length and thickness. Marked improvement from that moment; still, the patient being very hoarse, and the parts of a violet hue, with some spots of a dirty gray, I ordered Merc. sol., 3rd trit., which completed the cure.

To return to the point; I said at our last meeting, that we had been too much pre-occupied with the contagious or epidemic element, and had neglected the psoric, syphilitic, and sycosic element, which constitute the hereditary predisposition. To this neglect I ascribed the greater part of my failures, since, according to Hahnemann's immortal "*Treatise on Chronic Maladies*," one of these three poisons is likely, on various occasions, either to change the nature of the existing disease, or to aggravate its intensity. If so, we ought along with the "apsoric" remedies, to employ the "antipsoric;" if so, we shall find numerous cases where neither Acon., nor Bryonia, nor Bell. *ought* to lead to favourable results; whilst, on the contrary, we shall be obliged to recognise the perfect suitability of Sulph., Hepar, Merc., or Brom., where we suspect something besides the contagious or *diphtheric* element, to speak of that disease only. I am astonished at M. Cretin objecting that *all* medicines are "antipsoric," and undertaking to prove it.

Unless we give a strained definition of that term, I contend that, besides external manifestation, besides the symptoms proper to a given disease, we have to consider the constitution of the subject, his hereditary pre-dispositions, in a word, his "idiosyncracy," all that makes up his individuality, physiological, or pathological. In a case of diphtherite, if the parents have been tainted with one of those primitive maladies to which we ascribe the after-existence of all the various chronic affections, can we believe that such an angina would not be more severe than one which attacked a healthy organism? Bryonia, so much vaunted by M. Curie as a heroic remedy has had its failures, both with him and M. Cretin, and evidently Sulph., Hepar, or Merc. would be more proper where a psoric or syphilitic element had infected the system, to combat these positions is, I maintain, to reject Hahnemann's marvellous theory of chronic diseases, by which he accounted for the failure, in certain cases, of medicines homœopathic to the obvious symptoms, in which cases he declares it necessary to give a dose or two of an antipsoric medicine, in order to enable those medicines to act in full force which are suitable to the actual state of the disease. We must extend the field of our observations beyond the narrow limits of a few supposed "specifics," or we shall commit a grievous error in the direction of old empiricism, and bring our system to ruin. M. de la Pommerais went so far as to say that *the* merit of H.'s doctrine rested on the "creation" of these psoric theories, but followed this up by referring to several valuable statements by the great master, which seem in no way to support those theories, but which press strongly the duty of *individualising* even in epidemics, and of attending to the totality of symptoms.

M. Curie politely admitted that his own experiments with Bryonia were too limited to serve as an answer to M. de la Pommerais; but M. Cretin flatly denied that the failure of Bryonia in those diseases at all proved the necessity of antipsoric treatment. Hepar had acted "homœopathically" in the first case; Belladonna "homœopathically" in the second, unless M. de la P. had considered Bell. also as antipsoric.

M. Teste added that diphtherite was cured with certainty by many remedies, as Bell., Bry., Ipec., Hepar, Spongia, Iodine, Bromine, &c. We must therefore seek not for a specific against the disease called "diphtherite," but the remedy that is most homœopathic to each case.

M. Curie then claimed on behalf of Bryonia a real specific power over diphtheritic affections in general, on the ground of its pathogenetic property of *forming false membranes*, which the other medicines do not (though he had something to say in favour of Bromine), so that he did not hesitate to class these with Chlorate of potash, Chloride of iron, and the *cauterizations* which you reprobate, since all these had their triumphs, though the failures should also be weighed against them in *all* these alleged remedies. To return to Bryonia, I have said that the use of it produces false membranes; I add, that this does not mean membranes developed by an irritant, local action, by a corrosive poison, as our colleague, M. Joby, seems to fear. M. Teste has cited an example of a person in whom were seen false membranes in the mouth, developed by Bryonia. Orfila, in his *Treatise on Toxicology*, gives an instance where they appeared in the rectum, in consequence of an injection of Bryonia. But as this medicine passes for an irritant, it may be asked whether these membranes are not the result of a local action. Now here are some preparations which I have the honour to present to you in support of the contrary opinion. They are the tongue, the trachea, and the lungs of a rabbit, to which I administered Bryonia for eight months; at first giving 2 drops of tincture per day, a dose which I progressively augmented to 250 drops at the last. You can see that there is formed a pseudo-membranous firm tube, which lines the trachea, and on the one hand, penetrates the second and third ramifications of the bronchia; and on the other hand, lines the whole of the larynx. Some false membrane existed also in the mouth, at the base of the tongue; but these not being so strongly organised have disappeared in the alcohol; one can however, ascertain the red spot (pointillé), which formed their point of attachment. It cannot be supposed that we have to do here with a mechanical action; the penetration of an irritant liquid into the bronchia could not induce such an effect without also producing a deep disorganisation of the tissues; besides, the effect commenced with the mouth. I add, that I am able to affirm that no liquid did penetrate the bronchia, which could easily be proved, because of the cough which results from the introduction of the smallest quantity of alcohol; I except, however, the last three days, during which the animal had some difficulty in swallowing; but he also suffered from suffocation. With this exception, there was no perceptible phenomenon to note during the whole course of experiment, not even any distress in the respiration. This I explain as follows:—The false membrane grew little by little, and permitted the trachea to enlarge for the passage of air, which I was able to ascertain by autopsy. The trachea had acquired an abnormal size, which can no longer be seen because of the shrinking produced by immersion in the alcohol. The rabbit died, in full vigour and quite fat, so that I am quite sure it was a mere accident; the membranous tube having detached itself at the level of the larynx by an effort, perhaps the shock of a cough brought on by the introduction of a drop of liquid. At any rate, I found the extremity of the tube free, and it is probable that, being no longer kept open by adhering to the parietes of the trachea, it had acted the part of a valve, and no longer allowed the air to pass; but for this, I think I should have obtained lesions still more extensive; those which I have to report are—1st. Slight congestion (from asphyxia) of the lungs, which are otherwise sound. 2nd. Almost complete emptiness of the intestines *rare in the rabbit*, but which is easily explained, because he could not swallow for the last three days. 3rd. Absence of inflammation in the alimentary canal and also of false membrane throughout its length, excepting the stomach, where it may be questioned whether it was due to local mechanical action. 4th. The intestines contain a serous, yellow liquid. I should state that there was no evacuation before those last days. 5th. The heart full of black clots, not at all discoloured. 6th. No visible alteration in the heart.

Several of you seem astonished at not seeing more marked lesions in the lungs and intestines. That may have been owing to the mode of administering the substance. Thus I gave tincture of Bryonia to two young rabbits nearly of the same age, at the beginning of the experiment. Ten drops per day caused their death in four days, a fact to be noticed in proof of the tolerance one may obtain, since in the other case, by proceeding gradually, I was able to raise the dose to 250 drops. Now in these two rabbits, the following lesions were observed: 1. None in the trachea; 2. The lungs on the contrary were tinged in places with a lively red quite distinct from the violet tinge of asphyxia; nevertheless, the tissue was not sufficiently affected to have led to hepatization: but there was evidently, in those cases, a *tendency* to pathogenetic localization on the lungs. 3. The heart was full of coagulated blood, and three-fourths of the clots were destitute of colour: they must therefore have been formed during life, and were undoubtedly the cause of death. Be it as it may, it is clear that, by varying the course of the experiments, we may arrive at various results as to lesion; and perhaps still more so, by varying the kind of animal; for instance by trying carnivora.

After examining these specimens of pathogenetic anatomy, the members congratulated M. Curie on the important and curious results which he had obtained, and earnestly entreated him to continue experiments so useful to the progress of our Materia Medica and of Hahnemannian therapeutics.

M. Raymond noticed the correspondence of the *locale* of the membranes with "croup" as distinguished from "diphtherite" proper, but M. Curie reminded him of the original membranes formed at the base of the tongue, which did not satisfy the former for want of similar formations, in so long a course of proving, in the nose, mouth, and pharynx. He had, since the last meeting, seen a child die of a pseudo-membranous laryngitis consequent upon a diphtherite of the mouth and pharynx, in which *the symptoms were quite different from those of " croup " properly so called.*

After a short discussion on the question of *the two diseases*, M. Cretin asked leave to sum up and to draw attention to some important points which were started quite naturally on the several occasions, as the most general questions attach themselves to particular facts. We are all, said he, agreed as to the resemblance between pharyngeal diphtherite as a fatal disease, and such fevers as scarlatina, &c., when they assume a character of special malignity. But here we begin to differ. Dr. Raymond thinks they are two diseases differing subjectively in their elements, objectively in the individuals whom they attack. *This requires more proof.* The question of treatment is far from exhausted, as stated by Dr. Teste, it extends not only to the fundamental *therapeutic principles* in general, and those of homœopathy in particular, but even to the conditions of existence of medicine itself. Ten, fifteen, or twenty medicines have the credit of numerous cures; the choice, says our friend, depends on " the indications " : now this is the grand point; let me have these said indications precisely stated, as guides to the choice of all these remedies; till then, I will draw no conclusions. M. Teste cured a lobular pneumonia with Tartarus emeticus, 3 centigrammes per day; permit me to ask on what indications, individual, special, characteristic indications — he selected that remedy rather than Bryonia, Aconite, Phosph., Cham., &c.

I have just been attending a child eight days old for lobular pneumonia—the child of one of my oldest and best friends. I announced my firm determination not to depart from my principles founded on a long experience, and especially on results obtained at the Foundling Hospital by the usual, vulgar means, Ipec., Tartar emetic, blisters, leeches, and even bleeding; results reported by MM. Valleix and Vernois: 127 deaths out of 128 little pneumonia patients! The first day I prescribed no medicine. The mother, who was suckling the child, was taking Phos. 4th dilution for temporo-occipital neuralgia. On the second and third day, things got worse. I had made a prescription which I will tell you presently: I maintained it with unshaken firmness. In the night of the third to fourth day I saw the child in a desperate state; next morning again, pale, with features distorted, respiration exclusively nasal; pulse imperceptible, extremities icy cold. An abundant evacuation took place the moment after I had retired, well satisfied that death would shortly follow, which I announced to several, including Dr. Molin. Next day, at my morning visit, I found the father's face beaming with delight. The child was alive, was saved! After the evacuation, it had slept eight hours, and awoke seeking for the breast; it had sucked, and drank, and slept again. I ascertained the return of the pulse, and the warmth, the re-establishment of respiration, the diminution of the mucous râle, and the disappearance of the subcrepitant râle. Well: I had prescribed a potion of Aconite, with express orders not to give more than he could drink easily, for fear of causing asphyxia.

The child had not taken Aconite at all! At the very most, they had spilled three spoonfuls over his lips and on his bed clothes. I leave you to draw the conclusion. M. Cretin then gave two other curious instances where the treatment (not homœopathic), happened to coincide with a crisis, and got the credit of a marvellous cure. But, he continued, I have demonstrated in print that the question is no longer between homœopathy and traditional medicine; the inferiority of the latter to the "expectant" method being perfectly settled in typhoid fever, croup, acute arthritic rheumatism, pneumonia, &c. Now, in a general way, statistics have established on the strongest evidence the superiority of homœopathy to the expectant method in those several maladies, whether as to the duration of sickness and convalescence, or as to the clearness of the problems solved. But, in a question of a particular medicine employed in a given malady, the demonstration is more difficult. As for Bell., Iod., and Hepar in diphtherite, I shall ask whether their success is more marked than nature left to herself might have reckoned upon. If not, I doubt their efficacy.

The question is greatly complicated when we revert to the three centigrammes of Tartar emetic given by our honourable vice-president. We have, in fact, these three questions laid before us at once. 1. That of posology or "the dose." 2. That of the grand law of tolerance, which goes back to the very origin of medicine; and 3. That of the specific power, or homœopathicity of the remedy. On the two first weighty questions I wish to say but one word at present. As to the law of tolerance, it is an incontestible fact, that, in certain morbid conditions, the system endures doses much larger than in health. But it does not follow that, to stop the disease, we are obliged to give the largest which the patient can bear! Nor again, from the other fact, that disease can be modified by smaller doses, does it follow that there is *no* limit to the attenuations. Now it is much easier to ascertain the superior limit than to give the inferior. In Dr. Teste's case the dose of Tartar emetic comes far nearer to the superior; and his success strikingly confirms that double principle enunciated by Hahnemann. 1. The curative effect is so much the more uncertain and rare in proportion as the dose induces more marked and more numerous pathogenetic symptoms (superior limit). 2. The curative effect is so much the more sure and constant in proportion as the dose approaches that which would excite the slightest aggravation of existing symptoms (inferior limit).

There, gentlemen, is the whole of homœopathic posology. There is its law, which I should be glad to name it if no one else has spoken; first—the "law of the assimilation of medicines." To ensure the tolerance of the medicine, its easy absorption, and the production of all its curative effects, just as we ensure for an aliment all its reparative effects by an easy digestion—such should be the aim of the physician; and this he will attain the more securely and constantly, the less he deviates from the two limits laid down by our master.

And now for one word on the third question, as far as regards diphtherite. We are not in search of so-called "specifics," but of homœopathic remedies, when we depend on the provings either with healthy men or animals, or on the data of toxicology. Dr. Curie has just shown you the most brilliant experiment that has ever been made in homœopathy. He has demonstrated, with specimens in his hand, the homœopathicity, in laryngo-tracheal diphtherite, of a remedy as yet much neglected. Put Bell., Hepar, Iodine, Spongia, etc., to the same test; prove that each of these produces peculiar functional disorders, anatomical lesions, and you will have made, with my friend Curie, a grand step in science, for which I shall thank you, as I thank him this day, very heartily and sincerely. I do not agree with Dr. Raymond, that too much stress has been laid upon the pathological anatomical element. Dr. C. no more wishes to lose sight of the general or functional symptoms, than Dr. R. of the local lesions. All agree that the *ensemble* of *all* the effects gives the only true indication. No, I see far more danger of drawing the indications from an hypothesis on the nature of the disease, or even from distinctions perfectly established. I do not believe in the axiom *Naturam morborum curationes ostendunt.* Suppose Bryonia causes both the pharyngeal and laryngeal disease, I do not thence conclude their identity; nor if Bell. and Merc. cured the one, and Iodine or Bromine the other, would that convince me the diseases were of a different *nature.* The same medicine may act homœopathically under most diversified circumstances, and in widely different cases, *e.g.*,—1st, it may remove the functional ailments first, and the anatomical lesion as a consequence; or, 2nd, by curing the latter may thereby put a stop to the former; or, 3rd, it may, by arresting general ailments, cause the functional disorders and the organic lesions at once. Thus are explained those divergencies in the interpretation of facts, those contradictions, far more apparent than real, which seem to separate us, but which sincere and thorough discussion is rapidly solving.

Allow me to confirm, by a very recent fact, Dr. Curie's views as to Bryonia,—the case of a child who, quite well in the morning of last Thursday, was suddenly taken very ill after a late breakfast. He had thrown up his food, accompanied with green matter, and complained of very sharp pain in the left side of the throat. I saw him at 7 P.M.; found the pharynx very red; the left tonsil somewhat enlarged, and the left submaxillary gland greatly so; pulse 150. This was either scarlatina or diphtherite. I gave Bryonia.

Next morning the pharynx was covered with false membrane, from the median line to the posterior column (left) like a ribbon, five millemetres broad, with a patch of it on that tonsil, all yellowish-white and soft, yet difficult to be detached. (Repeat Bry.) At 3 P.M., the child much worse; they sent for me in haste. I could not come till 7, and found him much better. At 4 o'clock he had expectorated a thick matter "like humour," as the parents expressed it. The parts affected were all much relieved; but the pulse continued at 150. Still I gave Bryonia. Next day the same state, with a little eruption like scarlatina on the abdomen, where a cataplasm had been applied. Belladonna. Next day the eruption had disappeared; but there was a similar one on both the calves. Continue Bell. On Monday morning that was gone in its turn. Between scarlatina and diphtherite I do not yet venture to decide; but however that be settled, I do not believe I am too credulous or too enthusiastic in attributing that happy and very rare simplification of the disease to Bryonia.

M. Curie observed that the twenty-five cases in 1857-8-9, were all serious, like all the epidemics of those three years. Since then, those he had seen were much slighter. Perhaps M. Raymond succeeded with Bell. in a mild epidemic.

M. Raymond: Without being very severe, it had caused many failures to his colleagues at the Camp of Chalons, whist he succeeded in every case. In the *severe* epidemics of 1858-9, at Paris, he found Bell. equally efficacious. The tonsils diminished rapidly, and then the false membrane broke up and came away as if under some mechanical influence. He insisted strongly on the specificity of Bell.

M. Curie thought the Bryonia question necessitated some details on specificity and homœopathicity, and spoke as follows: We ought assuredly to make a certain difference between the search for a specific and for a homœopathic remedy. There is, however, a time when the homœopathic remedy becomes specific. To explain myself: it would be a mistake to look for a homœopathic remedy which should be a specific for cough, for fever, for diarrhœa, because there are several kinds of cough, fever and diarrhœa. But is it not a fact, that if I succeed in separating all the forms, all the species, then comes a time when, the species being simple, the "homœopathic" remedy is synonymous with "specific"? The doctor concluded by repeating the arguments against M. Raymond's separation of Diphtherite as a distinct disease – objecting to M. Molin that the malignant and mild anginæ differ merely in degree, with a possible line of demarcation, and extolling the happiness of the *psoric*, if Sulphur suffices for all their requirements!

M. Molin protested against the proposed generalization regarding Bryonia on the ground of an anatomical symptom, which he had no doubt we should find *equally produced by some of the other substances; these, he added, ought to be made the subject of similar experiments.* He pressed the paramount importance, always and everywhere, of individualizing both the medicine and the malady.

Meeting of March 5th, 1860.—Dr. Davet presiding.

M. Escallier obtained from Dr. Curie a promise of the early publication of cases proving the specific virtue of Bryonia. M. Curie explained his preference of the mother tincture, on the ground of the acute and rapid character of the disease in those instances. M. Cretin intended shortly to support this view by numerous observations, and alluded to two serious cases in the same house, where the 18th, 10th, 3rd and 1st triturations were all tried, with manifest superiority of the *lower*: the medicine was Hepar. The President said he seldom used dilutions below the 6th, which he found always efficacious in diphtherite, even when far advanced. (Bell. and Merc. alternately.)

M. Desterne had used the same medicines with success in one case with higher dilutions—Bell. 12, Merc. 30; duration, about eight days. M. Cretin, preferring lower dilutions, wished to have the higher and lower tried, in a given epidemic, in analogous cases.

M. Leon Simon had treated a case in vain with Merc. and Hepar. after fourteen days' previous allopathic treatment; he believed alum and perchloruret of iron had aggravated the disease. This was in a ladies' school, where two others were cured,—one with Bell. and Merc., 8 days, the other with Eau bromurée, at first in twelve days, and then, after a relapse, with Bell., Merc. sol., and Baryta carb., in five more days.

At the meeting of June 4th, 1860, the subject of diphtherite was resumed with the reading of clinical observations sent from Lille (Nord) by M. Malaper du Peux, who was unanimously admitted as an associate. Of these we give an abstract.

The doctor classes diphtherite as decidedly belonging to those general affections which manifest characteristic symptoms locally exactly as typhus fever does, and only to be combated by internal general treatment, yet selecting the remedies according to the special seat of the lesion; but no cauterization, tubage, tracheotomy, etc., in any case.

Clinical Observations, by M. MALAPER DU PEUX.

April, 1858. A girl 3 years old: croup; no symptoms of angina; premonitory symptoms for some days, taken for a simple cold; croup came on suddenly, one night, with some fever. Hepar 3, Spong. 12, alternate hours.

Next day worse; more difficulty of breathing; ditto half hours; after a second bad night, progressive improvement; doses less frequent. Convalescent the fourth day, but a fortnight later, May 4th, the same child was in a violent fever. Aconite 3, every three hours.

N.B. A strong healthy child, but treated from her birth for urticaria and troubles of teething.

6th. Less fever; swallowing difficult; tonsils red and swollen; middle of tongue and palate bright red. Bell. 15, every quarter of an hour.

7th. Pseudo-membranous exudation on tonsils; horror of drink; distress of breathing. Bell. 15, Hepar 3, two hours.

9th. Last night three small involuntary stools; great prostration; face puffy, dull purple (violacée); submaxillary glands swollen; the membranes are become pultaceous, detach easily, and display extensive ulceration; discharge bloody and sero-purulent; nausea, but no vomiting, even with the aid of a feather. In the evening, epistaxis, with intense headache, suppression of stool and urine, with *the odor of gangrene.*

Prescribed Lach. 6 every hour, but the putrid symptoms could not be subdued by that or Ipec., Met. alb., Ac. mur. or Kreos., and after striking transient amendment on the 11th evening, the patient sank on the 13th, evidently under gangrenous angina, an actual poisoning of the blood. An epidemic diphtherite was then prevailing which has not yet ceased to this day; and I believe the vital force exhausted by the resistance it had to offer to the miasma at first was unequal to the second struggle. *The croup was cured*; and though the angina occured so very soon (fifteen days), no proper croup symptoms returned. I consider them two distinct affections (proceeding, it may be, from the same source), requiring distinct treatment. Hepar produced no modification.

July, 1858. Another little girl, aged 3, had diphtherite, preceded by many sufferings, which were thought trifling. The tonsils were covered with white membranes, not to be detached with a spoon, besides the other usual symptoms. After three doses of Aconite in three hours, Merc. viv. 3 hourly, aggravation for two days, then improvement, till, on the sixth day, all trace of the angina was gone. But that very night all the symptoms of laryngitic croup set in. I tried, according to the indications, Hepar, Spong., Iodine, Phosph., Brom., all in vain. On the ninth day of the croup she died asphyxiated, with no trace of false membrane in the mouth or pharynx.

Greatly discouraged, yet seeing the allopaths equally unsuccessful, deaths very numerous, including the children of three of the town physicians, within a few days, what was I to do? I had read again and again, Dr. Teste's *Treatise on the Diseases of Infants*, but Ipec. and Bry. seemed not sufficiently homœopathic to that malady. I read it once more and was struck with the last paragraph:—

"The important fact is, that this combination is a good one, and those will soon find it so who, on my simple testimony, will venture to try it." I resolved at once to do so; and in December the croup knocked at my own door, and seized my little girl, 18 months' old. After a few days of trifling ailments, the disease declared itself with uncommon intensity one night. The tonsils were rather red and swollen, without false membranes. I gave Ipec. and Bry., a dose of each, and then went on alternating them every quarter of an hour; the difficulty of swallowing was extreme. The second day, 10 A.M., marked abatement; sleep for two hours without cough; respiration still rough and sibilant. I prolonged the intervals to three hours. Towards evening, aggravation; I again diminished the intervals, gradually, to quarters of an hour. The night was an awful one. The child was always with its hands to the throat; voice dull, stifled; cough like a young cock crowing; when not struggling with asphyxia, the head was thrown back, the neck projecting; liquid could only pass by drops. At 4 in the morning, the fits were less frequent; respiration less distressed and noisy. At 5, she slept.

3rd day. Much exhausted by the fatigue of so terrible a struggle. With Ipec. and Bry. continued, the symptoms kept abating. After a tolerable night, took a little milk. Medicine every two hours.

5th day. In full convalesence; but I continued the medicines a few days longer to prevent relapse. She has been doing well ever since.

Six weeks after, Feb. 1859, my little boy, aged 4, was similarly attacked, and cured as easily in the same time, with Ipec. and Bry.; but his case was less severe. In May, a lady, aged 26, in the sixth month of pregnancy, was attacked with a most violent diphtherite, and cured in five days with Merc. viv.

March 28. Called in to a little girl, 3 years old, of strong constitution. The evening before, she was peevish; dull; burning hot; with no appetite. On awaking, she coughed once; a little hoarse, with some fever. Acon. 30, every three hours. Contrary to custom, she asked to lie down at 3 P.M., and awoke at 4, with a well marked croupy cough and dyspnœa. The mother, a very intelligent woman, who had lost her eldest son at 5, recognised the terrible malady, and sent for me. I found this child much prostrated, stupified, and timid, like certain animals at the approach of a storm; fever intense; face red; voice very hoarse; respiration rough, sibilant; hasty; at every fit of coughing she throws herself on her mother, as if to beg protection. No sign of (pharyngeal) angina; her hand is continually at her throat. Ipec. and Bry., alternately, every hour; but at night, finding aggravation, every quarter of an hour.

29th. Voice still very hoarse, nearly extinct; cough hoarse, barking, dry; respiration laboured; sibilant, grating, easily heard at a distance; fever rather less intense; face puffy, purple; urine seldom; stool none. Repeat the doses. By evening a little improved.

30th. A better night; fewer paroxysms; cough moister; she drinks with pleasure. Ipec. and Bry. every hour.

31st. Amendment continues after a good night. Medicines less frequently.

April 2. Cured. I had from the first moment separated her four brothers, and sent them to their grandmother, who sent for me in the night, March 31st, to one of the boys, who was 5 years old, with an excellent constitution. I found a degree of fever, with swelling of the submaxillary glands; tonsils enlarged, and *covered with* false membrane. Merc. viv. 3 every two hours.

April 2. Well-marked diphtherite; little fever, and very little prostration. The child enjoys his play. Merc. viv. and some slops.

3rd. No alarming symptom. The progress very encouraging. False membrane thrown off. (Repeat.) All goes on well the following days; and on the sixth there is not a trace of angina; the child is cured. On the seventh I did not visit him. Towards evening, they remarked a little prostration, with hoarseness and pretty frequent dry cough. They sent for me at midnight. I again found myself face to face with a *well-marked case of croup.* The symptoms were not at their apogee. Ipec. and Bry. every half hour.

8th. No trace of diphtherite in the mouth and throat; fever intense; great depression and prostration; hoarse, hollow cough; constant aphonia; respiration distressing, sibilant; frequent fits of dyspnœa. Same every quarter of an hour.

9th. After headache, profuse perspiration, with abatement of symptoms. Ipec. and Bry.

10th. Perspiration to excess; breathing easier; miliary eruption all over the body. Ipec. and Bry. every three hours.

12th. Ipec. and Bry. every four hours.

13th. Still better. Ipec. and Bry. every six hours.

14th, 15th, 16th. All well. The cough continues. Puls. 30, 4 globules in 6 spoonfuls of water; one morning and evening.

18th. Quite cured.

Here, then, was a patient attacked in succession by diphtherite, cured by Merc. viv., and then by croup, complicated with sweating miliary fever, cured by Ipec. and Bry.

Last July, a poor woman brought me two children, aged 5 and 2, who had been wet through. She had lost a child three days before, by croup, which carried him off in 48 hours. These two had croup symptoms. I gave Ipec. and Bry., with directions for lengthening and shortening the intervals. They were cured on the sixth day. These last days I have cured a boy of 5½ years old, with a wretched constitution, of a most decided diphtherite. He was a a mass of scrophula and psora. Merc. viv. 3 alone effected a cure.

In fine, since Dec., 1858, I have treated sixteen confirmed cases of croup, or of diphtherite, and have not one failure to record. Diphtherite has always yielded to Merc. viv.; and croup to Dr. Teste's method of alternating Ipec. and Bry.

We may conclude this article by adding the following letters about diphtheria and its treatment.

*Letter** *from* Dr. de Chalus, *Bazouges sur Loir, July* 10, 1860, *to* Dr. Perussel, *his old Master.* (*Extract from.*)

* * In the commune of Huillé, twelve kilometres from my house, an epidemic prevailed for more than two months—diphtheria, in so serious a form, that thirty-three subjects were said to have died notwithstanding (or in consequence of?) numerous cauterizations by a sponge saturated with nitrate of silver, repeated every two hours. I was, I confess, burning with desire to be called to that district to try my strength! An opportunity presented itself, December 15, 1859. A young girl of Bazouges, 20 years old, had gone (to Huillé) to nurse her aunt and cousin. The aunt had sunk; the cousin was considered hopeless. The girl herself was seized with angina (diphtheria), and the family doctor cauterized with the violence above described. Next day the father was aware of the nature of his daughter's malady, and took me with him. I found her in a

most serious condition; face emaciated; eyes hollow; extremities cold; little fever; in a word, she was adynamic in the highest degree, though only ill thirty-six hours. The nostrils were ulcerated and covered with false membranes; the uvula no longer existed, thanks to the cauterizations; the tonsils and pharynx were covered with a general membrane (couenne), which had become brownish; the whole palate covered with little flakes, like the scales of a lily (muguet). Being in doubt, I gave alternately Hepar sulph. 3 and Spongia 6 every two hours. Forty-eight hours after the throat was almost cleared, contrary to the opinion of my brother practitioner, who had sent to tell me, on the evening of the first day, that my patient would be dead before morning. Perceiving this improvement, I gave Sulph. acid 3 to combat an excessively abundant salivation. On the 15th day she was cured.

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* *Bulletin de la Soc. Med. Hom. de France,* Tom. I., No. 7, Nov. 1, 1860, p. 396.

* * Besides fifteen other cases, more or less interesting, but all having the characteristic mark, are all cured.

* * I have cauterized sometimes with solid Nitrate of silver (lunar caustic) when the flakes were quite isolated, just touching their margins only, to limit the inflammation as far as possible, whilst waiting for the effect of the medicine I was about to administer. I was not, at that time, aware of the testimony borne by M. Teste and M. Curie to the utility of Bryonia. * *

Six other cases, all relatives.

Madame Hamard, aged 32, had for several years worn a blister on her arm, recommended for pulmonary tubercles. All at once her arm was inflamed, and was covered with a large diphtheric membrane. After ten days of treatment with Cataplasms of starch externally, and Hepar internally, she was cured. Her son, four years old, whilst convalescent after pneumonia, was seized with diphtheria all round the anus, and inflammation of a purplish red, and in a few days a monstrous œdema of the testes and penis. The malady progressed, notwithstanding the employment of Carb. vegt., Arsen. 18 and 30, Sulph., &c. He died on the 6th day. A week after, his female cousin, aged seven, was seized with angina, and I did not see her till the 5th day. Diphtheria was established in the whole of the throat with a fetid odour, swelling of one tonsil threatening abscess. Iodine 6, followed by Hepar and Spongia, succeeded. Then a sister, three years of age, died of laryngeal croup, at the moment I was announcing the last cure. Two other male cousins, seven and twelve respectively, were seized, one with general diphtheria (angine couenneuse generale), the other with diphtheria after a blister, with a tendency to disorganization, so that the arm was eroded to the depth of a centimetre on all the traces of false membrane. Both cured. At this moment I am treating the father of these children, who has been attacked in his turn. Bell. followed by Bry. are producing a result on which I shall have reason to congratulate myself in this house. Pardon, my dear sir, this vain glory, &c.

Dr. Perussel remarks: "The interesting details contained in this letter seem to me to point out the cause of my own failure in diphtheria. It is decidedly of the class of superacute diseases (cas suraigus) with the production of tissues, of false membranes, in which the intensity of the malady would necessitate a near *approach* to the 'mother tincture;' always, however, dynamised, *e. g.* the dilutions 3, 4 or 6. I confess, then, that I never employed those doses, but the 30th or 200th *in those cases.* Was then the dose the sole cause of my failure? But then, how shall we explain the cures effected by Bönninghausen, who informs me that he treated 400 cases of croup with the 200th dilution without losing one? One may conceive the necessity of clearing up this contested point, it being one of such high importance."

It will be observed that Dr. Bönninghausen like Dr. Hering deals in large numbers, in unvarying success and high dilutions. Four hundred cases of croup and not a single death! If such is a sample of Dr. Bönninghausen's success in formidable diseases like croup, we cannot imagine that any of his patients ever die. If they ever do it must be from pure weariness of life or to spite the doctor.

REVIEWS.

On the Efficacy of Crotalus Horridus in Yellow Fever, also in Malignant, Bilious and Remittent Fevers, &c. By C. Neidhard, M.D. New York: Radde, 1860.

Although an outbreak of yellow fever is scarcely to be anticipated in these islands, yet the cosmopolitan character of our countrymen renders it highly probable that many of them may be exposed to the attacks of this scourge of the tropics. We shall be rendering a service to our brethren in the intertropical colonies by placing before them the results of Dr. Neidhard's observations relative to the treatment of this disease.

In the *North American Homœopathic Journal* (which is we believe in the hands of most of our readers) for the year 1853, there is an excellent article by Dr. Holcombe on the yellow fever as observed by him in Natchez, and in the present little volume we have the results of Dr. Neidhard's experience of the same disease as it prevailed in the same year in Philadelphia. His account, he tells us, was written at the time of the occurrence of the pestilence, but he does not mention why he has delayed the publication of it till now.

The disease seems to have been brought by ship from Cuba to Philadelphia in the summer of 1853. In the course of eighty days after its first appearance there occurred as many as 170 cases, and of them 128 died, giving the fearful mortality of 80 per cent. It was to be remarked, that none of the coloured population of Philadelphia took the disease, which would seem to corroborate the assertion of some writers that the negro race is not liable to yellow fever, an assertion not justified by the experience of the practitioners in the Southern States, who maintain that the negro population died by hundreds during the same epidemic.*

The question of the contagiousness or otherwise of yellow fever was hotly discussed for the hundredth time by the Philadelphian doctors, and is of course touched upon by Dr. Neidhard With this, however, we need not occupy ourselves.

Dr. Neidhard had only an opportunity of observing five cases of the disease during the epidemic of 1853, but the good effects he observed in these cases from the use of Crotalus in the 2nd and 3rd trituration leads him to believe it to be the sovereign remedy in yellow fever. He was strengthened in this belief by the occurrence of a few cases of genuine yellow fever in 1858, where again Crotalus was efficacious, except in the case of one patient, whose constitution had been undermined by his deep potations, to the extent of six or seven glasses of brandy per diem.

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* *N. Am. Hom. Jour.*. 1853, p. 473.

Dr. Neidhard makes a comparison of the symptoms of yellow fever with those produced by the bite of the rattle-snake (crotalus horridus), and imperfect as is our knowledge of the pathogenetic effects of this ophidian virus, the disease seems to be pretty well represented in its symptomatology, thus justifying his belief that crotalus is truly homœopathic to yellow fever. Dr. Holcombe † had previously pointed out the similarity of the symptoms of the disease to the pathogenetic effects of the virus of serpents, particularly Crotalus and Lachesis. From the use of the latter substance he obtained very satisfactory results, and he has no doubt that Crotalus would be equally successful.

A remarkable corroboration of Dr. Neidhard's views with regard to the specificity of Crotalus in yellow fever, is afforded by the prophylactic treatment for yellow fever practised by Dr. W. L. Humboldt in Cuba in 1854, under the auspices of the governor of the island. It appears that Dr. Humboldt had already practised his prophylactic treatment in New Orleans, where, in nine years, he had inoculated 1438 individuals, only seven of whom were attacked by yellow fever, of whom two died.

What led Humboldt, by his own account, to the idea of a prophylaxis against yellow fever was the observation that "galley-slaves, brought from Mexico to Vera-Cruz, who had been bitten by some vipers on the way, always had decided symptoms of yellow fever."

Humboldt's plan was to inoculate with the virus of a snake (what kind of snake is not known, but Dr. Neidhard says he has good reason to believe it to have been the Crotalus). The symptoms produced by the inoculation were treated by the administration of a syrup of Mikamia guaco, which is a well known antidote to all snake poisons.

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[*] Loc. cit., p. 498.

The effects of the inoculation, modified as they were by the administration of the Guaco, were sufficiently interesting.

The symptoms appeared in the following order:

"At the moment of the inoculation there were vertigo, which soon passed away. There was also a nervous trembling, which is rarer, but which lasts a long time.

"After seven hours the pulse is permanently modified; it is either too frequent or too slow, stronger or weaker.

"In eleven hours there is febrile heat.

"At the end of fourteen hours, headache, want of appetite, thirst. At the end of sixteen hours red countenance, injection of the conjunctiva, epiphora.

"The swelling of the gums is observed from the commencement, to which are added slight colic-pains produced by the remedy (Guaco), which the patient has taken immediately after the inoculation.

"At the expiration of eighteen hours, pain in the gums, the margins of which redden round the teeth; pain of the salivary glands and in the direction of the different nervous branches of the face and teeth.

"In nineteen hours, pains in the lower jaw and in the direction of the submaxillary nerve; lassitude.

"In twenty hours, bitter taste; drowsiness, coryza and œdema of the face.

"In twenty-two hours, constrictive sensation of the throat, without visible alteration of the mucous membrane.

"In twenty-three hours, yellow jaundice.

"In twenty-four hours, hæmorrhage of the gums.

"In twenty-eight hours, yellowness of the sclerotic, and shivering.

"In twenty-nine hours, angina tonsillaris.

"In thirty hours, pain in the kidneys.

"In thirty-six hours, swelling of the eyelids.

"In thirty-eight hours, pain of the muscles and joints.

"In forty hours, toothache.

"In seventy-two hours, swelling of the lower lip.

"At different hours, sexual excitement.

"During convalescence, itching of the cuticle; cutaneous eruptions of various kinds."

The inoculation always produced a decided effect on the pulse. In those who had naturally a quick pulse the inoculation caused a diminution of its frequency, while it accelerated the pulse in those in whom it was naturally slow. On the whole, the number of cases in which the pulse was diminished was greater than that in which it was accelerated in proportion of 62 to 12. There was also a notable weakening of the force of the pulse in every case.

Headache was one of the most common symptoms of the inoculation. It lasted on an average twenty-one hours. It usually was seated in the frontal and orbital regions.

There was increased heat of skin as well in those whose pulse was decreased as in those whose pulse was diminished in frequency.

Deglutition was difficult in all cases, the tongue coated in most.

Itching of the skin was complained of after the acute symptoms had subsided.

The following table shows at a glance the symptoms caused by inoculation, and the relative frequency of their occurrence.

The circulation was modified in	183	out of	187
Headache occurred in........	160	„	187
The face was changed in	54	„	74
The gums were affected in....	74	„	74
Colics existed in	52	„	74
Swellings of salivary glands in.	5	„	74
Pain in lower jaw in	10	„	74
Lassitude in	59	„	74
Drowsiness in	10	„	74
Coryza in	16	„	74
Bitter taste in	54	„	74
Spasm of throat in..........	14	„	74
Jaundice in................	16	„	74
Rigor in	13	„	74
Heat in	46	„	74
Perspiration in	17	„	74
Cynanche tonsillaris in	17	„	74
Pain in muscles and joints....	7	„	77

The reporter, Dr. Manzini, from whom Dr. Neidhard's account of the results of Humboldt's inoculations is taken, arrives at the conclusion that "the inoculations produce a portrait of the most important phenomena of the yellow fever. These consist of an expression of countenance of a peculiar kind, similar to that in eruptive forms; to which is joined a drunken appearance in the eyes, which are injected; after which come headache and pain in loins, the changes in the gums, and, later, the jaundice, the hemorrhages and suppression of urine."

We cannot from Dr. Neidhard's work arrive at the exact results of the inoculation in preserving from attacks of yellow fever. In one place (p. 74) we find it stated that 2477 individuals belonging to the royal army and navy had been inoculated, but with what result we are not informed. In another place (pp. 76, 77) we are told that "out of the 701 inoculated at the military hospital, 121 were pronounced as having been attacked by yellow fever, of whom 47 died."

This does not certainly look as if the inoculation were a desirable operation, but still Dr. Neidhard says (p. 82) that "it was in some measure successful." However that may be, it seems evident that the inoculation produced a well defined group of symptoms closely resembling those of yellow fever; and supposing Crotalus was the virus used, we consider Dr. Neidhard justified in pronouncing it a truly homœopathic remedy in this disease, and we can understand his successful employment of it.

But it is evident that an agent of such power would not have its utility limited to a disease of such rare occurrence as the yellow fever. Accordingly Dr. Neidhard has found it useful in the most severe forms of bilious remittent fever, of which he relates several cases. He employed the remedy in the 1st, 2nd and 3rd triturations. He does not approve of tinctures of this remedy, as he believes the alcohol destroys the virus.

We believe that Crotalus will take its place in our Materia Medica side by side with Lachesis and Naja, which it resembles much in pathogenetic effects and therapeutic power. We only wish we knew where to procure a supply. "First catch your rattle-snake" would no doubt be the recommendation of the homœopathic Mrs. Glasse; but the direction would be more easily given than followed. We must depend upon our American friends for our supply of Crotalus, as we fear that the two or three languid specimens of the rattle-snake in our Zoological Gardens would not furnish any very active virus, even should we be allowed to draw their teeth. In the meantime we may admire the beneficent arrangement that has made the geographical distribution of rattle-snakes conterminous with the regions periodically devastated by yellow fever, and trust that all physicians who may have to treat this fearful disease may find Crotalus to be its true specific; though we cannot, judging from the somewhat obscure account given by Dr. Neidhard, recommend the prophylactic inoculation practised by Dr. Humboldt.

Hull's Jahr: A New Manual of Homœopathic Practice. Fourth American Edition; edited, with Annotations and Additions, by FREDERICK G. SNELLING, M.D. Vol. I. SYMPTOMATOLOGY. New York: Radde, 1860.

The volume before us is a very different work from the original edition of Jahr, by Dr. Hull, and the English edition published under the auspices of the late Dr. Curie. It contains more than double the quantity of matter, and is enriched by clinical remarks and observations on the pathology and rationale of the action of each remedy, which were not in the original work, and which greatly enhance its value to the practitioner. The principle of the arrangement of the symptoms in Jahr's work, where those which have been corroborated by clinical experience, and those which are entirely derived *ex usu in morbis* are distinguished by particular signs, is familiar to all our readers, and has no doubt many advantages. It is indeed this feature which has always rendered Jahr the most popular of our Materia Medica manuals. These signs have, we need hardly say, been retained by Dr. Snelling in the edition before us, and many additions have been made to the symptoms, especially to those derived from clinical experience. The symptomatology of all the medicines proved up to the date of publication, have been added to the work, and in fact this volume is perhaps the very best manual of the homœopathic Materia Medica that we could put in the hands of a young medical convert to homœopathy, as it will render him more assistance in practice than any of the other Materia Medicas.

It is humiliating to us on this side the Atlantic to have to confess that we are indebted to our American brethren for all our manuals of Materia Medica; but at the same time it would be uncourteous not to acknowledge the great obligations we are under to the untiring zeal and industry of our transatlantic colleagues, without whose aid indeed homœopathy would not at present occupy such a good position here as it does. We have profited largely by their labours, but we fear that we have hitherto offered them little or nothing in exchange.

Poems. By WILLIAM H. HOLCOMBE, M D. New York: Mason Brothers, 1860.

Though physic seems an uncongenial soil for poetry to flourish in, still a goodly number of first class poets have been physicians, and some first-rate physicians have been not contemptible poets. Smollett, Akenside and Nathaniel Cotton were disciples of Æsculapius, besides being worshippers of the muse; Goldsmith was educated at Edinburgh for the medical profession, which however he soon abandoned altogether for literature. Many distinguished medical men have occupied their leisure hours with poetical compositions of more or less merit. But decidedly the most medical of poets, if not the most poetical of physicians, were Dr. Garth and Dr. Armstrong, the former of whom wrote a long poem in many cantos, not much read now-a-days, we should think with the very unattractive title of "The Dispensary," and the other a blank verse essay in several books on the "Art of Preserving Health." Both these titles appear to us, with our modern ideas about poetry, rather odd. We wonder how the public would receive a poem entitled "The Liverpool Homœopathic Dispensary," or one entitled "What to eat, drink and avoid," and yet these themes would correspond pretty accurately to the subjects of Drs. Garth and Armstrong's effusions. Dr. Holcombe is not a *medical* poet like these two authors. He has not attempted to put his experience of the treatment of yellow fever into metre, nor has he made his rhymes the vehicle for enforcing his peculiar therapeutical opinions. His poems are all either sentimental, amorous, descriptive or mystical. Some of the sentimental poems are very beautiful, the amorous ones have a warmth about them due to their origin in the sunny South; the descriptive ballads and metrical legends are gracefully told, and the mystic odes will no doubt be relished by those conversant with the doctrines of Swedenborg; to the uninitiated we fancy they will not all be very intelligible. Some of the poems betray the slave-holding Southern, such as that entitled "Uncle Jerry," in which the poet apostrophizes an old negro, and assures him he will not sell him. We felt rather disappointed to find that there is no question of giving the old black his liberty. But such an idea would no doubt never enter the head either of master or slave if the following be a true picture of the negro:

> "But the poor negro, of a gentler mind,
> Obedient, fearful, teachable and kind,
> Unfit for commerce or for war's alarms,
> Incapable alike of arts and arms,
> Organically slow and weak and mild,
> A childish race, eternally a child,
> Condemned to service in his brother's tent,
> Finds in that service his true element."—*Ivy Cliff*, p. 259.

Dr. Holcombe was evidently "raised" in the Southern States, and his sympathies are naturally with the slave-holders. It is interesting therefore at this moment, when the inhabitants of north and south are engaged in a fratricidal war, to read the following estimate of the Southern man's fighting qualities:

> "Is it a fight on hand?
>   For sacred cause or none—
> For a silly word or Fatherland?
>   With a dozen foes or one?
>   Clear the ring, my boys!
>   Battle it while you can;
> But for gallant bearing and reckless daring
>   There's none like the Southern man!"

The volume closes with a tragedy in two acts, entitled "Agathe," a very pretty little pocket tragedy, neatly but not powerfully written. On the whole, we have been very much pleased with this collection of poems, and are glad to see that one who has contributed so much to the practical and theoretical development of homœopathy, has also found time to cultivate with success the field of poetry.

The History and Heroes of the Art of Medicine, by J. RUTHERFURD RUSSELL, M.D., London. John Murray, 1861.

The history of the art of medicine can best be written by a Homœopathist, for he alone possesses the clue to guide the historian through the mazes of medical systems and theories which have abounded in every age. Without this clue, a vast book like Sprengel's might no doubt be compiled, but an equal prominence will be given to the erroneous and useless as to the true and useful in the works of past medical authorities.

A historian, ignorant of the truth in medicine, but perfectly impartial, would present us with a tolerably accurate account of the different theories and systems that have successively or simultaneously distracted the medical world, but from his history it would be impossible to learn who were the real promoters of the medical art, as all his characters would appear at a dead level of equality. Another historian, a partizan of one of the current erroneous systems (for under the term allopathy are included many false systems) would give us a most distorted picture of the art of medicine and its heroes, the teachers of erroneous doctrines would stand out conspicuous, while the right thinkers would be relegated to the back ground, and a confusion worse than the Ptolomaic astronomy would be the result. But to him who discerns the fundamental truths in medicine, its history written by him should present a complete and perfect picture. All authors and thinkers who contributed to advance the art by ever so little, will appear linked together in a harmonious group, while the propagators of false doctrines, however brilliant may have been their genius, and dazzling their qualities, will appear mere secondary figures in the great historical picture. We believe that the homœopathist alone holds the truth in medicine, and that therefore, he alone is fitted to be its ideal historian. Our adversaries will, of course, deny the fitness of the homœopathist to be the historian of medicine, as they consider him a one-sided partizan, whilst he is so no more than a disciple of Bacon was a one-sided partizan as against the traditional philosphers; or as a follower of Copernicus was as against the traditional astronomers of the period.

Dr. Russell is eminently fitted for the task he has proposed to himself, and he has presented us with a most interesting and readable book. The history of an art must be the history of those who have advanced that art, and accordingly the history of medicine is the biography of great physicians. From the vast array of distinguished men who have devoted themselves to the cultivation of the art of medicine, Dr. Russell has selected as the heroes of his history, those whose labours have in some manner or other contributed to the real advancement of the art, and has endeavoured to present to his readers a succinct account of what they performed in this way. At the same time, he has not neglected to arrange round these great names, the minor illustrators of the art, and he also renders an account of those whose speculations were but brilliant *ignes fatui* that seduced many away from the true path.

Commencing with the mythical demi-god Æsculapius, the first most important character we are introduced to, is the descendant of Æsculapius, Hippocrates; the greatest of that name being the second Hippocrates, the contemporary of Pericles, Sophocles, Socrates, Herodotus, and Phidias; Dr. Russell says also of Apelles, but this must surely be a mistake, for Apelles was portrait painter to H. M. Alexander the Great, and therefore must have flourished about a century later than Hippocrates the Second. Possibly Dr. Russell's mistake arises from the fact, that Alexander's Queen, Roxane, had for her physician, a Hippocrates, who was the fourth of that name. Dr. Russell very properly enters into an examination of the doctrines concerning life and soul that were current in Hippocrates' time, without a knowledge of which, it is impossible to understand completely the medical theories, or even the medical practice of the period, so much were theory and practice modified by the prevalent doctrines concerning soul and life. We may incidentally remark, that a passage from Aristotle, quoted by Dr. Russell, to the effect that the psyche or soul "is the efficient, the final and the formal cause of the body," expresses almost in the same words, the doctrine of the Roman Catholic Church of the present day, if we may judge from the following passage from a recent allocution of Pope Pius IX, which the editors of the *Art Medical* have taken for their motto: "Noscimus . . . lædi catholicam sententiam ac doctrinam de homine, qui corpore et anima ita absolvatur, ut anima eaque rationalis sit vera per se, atque immediata corporis forma." Hippocrates is justly estimated by Dr. Russell as the greatest of medical observers, but a very indifferent practitioner when he ventured to prescribe.

From Hippocrates Dr. Russell leaps to Galen, over a period of more than 600 years, during which time, though there were many great physicians and even schools of medicine in connexion more or less intimate with the schools of philosophy, there does not seem to have been much if any real progress made. Dr. Russell considers that the introduction of christianity gave a fatal blow to medicine for a time, as the gratuitous cure of diseases by preternatural power, such as the apostles and many of their disciples were supposed to possess, must have greatly discredited the ordinary method of treating diseases with physic and receiving remuneration for so doing.

To Galen is commonly attributed the famous maxim —"*contraria contrariis curantur*," but he did more harm to the progress of medicine by his unhappy invention of cold and hot, dry and moist diseases, constitutions and medicines, an invention that has scarcely ceased to exercise a pernicious influence on medicine even down to our own times.

After a brief notice of the physicians who flourished during the decline of the Roman empire, the greatest of whom, he affirms, were mere compilers, and none of whom did anything to advance the art, Dr. Russell comes to the Arabian physicians, especially Rhazes and Avicenna, the medical doctrines of which last were but a copy of those of Galen, with their dry and moist; their hot and cold, diseases and medicines.

After the Arabian physicians Dr. Russell mentions Dioscorides: it would have been more correct chronologically, and altogether more dramatically appropriate, to have treated of Dioscorides and Galen together, rather than lug in the great authority on Materia Medica at the end of the chapter on Rhazes and Avicenna. Dioscorides, though reckoned the father of the Materia Medica, cannot be said to have done much to advance the art of medicine; indeed, by the manner in which he ascribed often altogether supposititious properties to all medicinal substances, and by his encouragement of complicated prescriptions, he may be said to have very materially retarded its progress in the right direction.

From Dioscorides, who flourished in the first or second century of the Christian era, Dr. Russell takes another great leap, and brings us to the 13th century and Roger Bacon, of brazen head and gunpowder renown. Though a monk he was singularly free from the trammels of authority and tradition in science; and though not a physician, his recommendation, both by precept and example, of independence of thought in scientific matters, might have had a great influence on the progress of medicine had there been in his day cultivators of the art capable of profiting by his instructions.

The next medical hero is Jerome Cardan, better known as an astronomer and astrologer than as a physician, in which capacity he was probably little better than a quack. He visited this country, and cast the horoscope of Edward the Sixth, but failed most signally to foretell the period of his death. Butler alludes to Cardan's astrological pretensions in these lines:

> "Cardan believed great states depend
> Upon the tip o' th' bear's tail's end,
> That as she whisked it t'wards the sun,
> Strowed mighty empires up and down;
> Which others say must needs be false,
> Because your true bears have no tails."

Dr. Russell dwells at considerable length on Paracelsus and his medical doctrines. That Paracelsus was one of the greatest, if not the very greatest, lights of the art of physic since the days of Hippocrates, no one can doubt who has carefully studied his writings, or who is aware that the influence of his teaching extends down to the present day; for in Rademacher and his disciples we have a school of physicians professing to carry out the doctrines of Paracelsus. If Paracelsus assumed certain mountebank airs, and was addicted to boasting, we can attribute that entirely to the treatment he received from his colleagues on the one hand, and to his own consciousness of superiority on the other. We believe that the persecution of his colleagues was as much owing to the mode in which he attempted to popularize medicine as to the novelty of his doctrines. The Diaforuses and Rondibilises of his day could easily see how their prestige would be half lost if doctors commenced to write their works in the vulgar tongue, as Paracelsus did, though they might not be able to comprehend the doctrines promulgated by the audacious reformer. We do not think Dr. Russell has been very successful in the account he gives of Paracelsus's doctrines, which we think were much more closely allied to those of Hahnemann than appears from Dr. Russell's exposition. So much was this the case, that Professor Schultz, of Berlin, wrote a treatise to prove that the homœopathic doctrines were all derived from Paracelsus.* It appears that Paracelsus had two different kinds of remedies, viz., 1, universal remedies, or those that acted on the whole system, these were only three in number, Mercury, Sulphur and Salt;† 2, organ remedies or those that acted solely or chiefly on some particular organ or tissue. Thus, medicines that acted on the heart, brain or lungs, he called the external heart, brain or lungs; and in like manner he talked of drugs as livers, spleens, kidneys, &c., according as they had an affinity for these organs. That the qualities he attributed to different medicines were not merely fanciful, appears from various passages, as for instance, where he says that a medicine in order to cure a disease such as jaundice or paralysis must be able to produce paralysis or jaundice. Then conversely he would talk sometimes of diseases by the names of their remedies, thus in place of saying rheumatism, catarrh, &c., he would speak of morbus terebinthinus, helleborinus, &c. On the whole we do not think Dr. Russell has given sufficient credit to Paracelsus for the originality of his genius and the truth of his doctrines.

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* *Die Medicin des Theophrastus Paracelsus, oder die Homöobiotik, historisch, vergleichend, systematisch, als die Quelle, der Homöopathie, dargestellt.* Von C. H. Schultz, Berlin, 1831.

† According to Rademacher this salt was Nitrate of Soda.

Lord Bacon occupies a prominent position in Dr. Russell's gallery of the heroes of medicines, and deservedly, for though he made no pretensions to a knowledge of physic, he indicated with great precision what were its wants, and pointed out how these were to be supplied. Had succeeding physicians followed more closely his directions, the patient world had not needed to wait so many hundred years before the true principles of therapeutics were discovered.

Van Helmont was an iconoclastic genius after the manner of Paracelsus, but though endowed with much originality of thought, he was far inferior in the perception of the great truths in medicine, to Paracelsus, but oddly enough his memory is held in much greater repute; and yet his ravings about the Archæus served more to retard than to advance the truth.

The great discovery of Harvey had doubtless its effect on medicine, and accordingly Harvey occupies a niche in Dr. Russell's Walhalla of medical heroes, but we cannot find that Harvey directly contributed to the progress of the art.

The theories of Des Cartes were not without their influence on medicine; and the chemical school, one of the great apostles of which was Sylvius de la Boe, once more set the medical pendulum swinging in a wrong direction. Boyle endeavoured with his Baconian turn of mind to reestablish the right direction for medical research, but in vain, for like all professionals, medical men are very intolerant of the interference of any one not belonging to their fraternity.

Sydenham, to whom Dr. Russell devotes considerable space, was one of the clear heads and independent thinkers of the medical hierarchy, and from various parts of his writings he seems to have had a very good notion of the mode in which medicine should be advanced; but with all his genius he was a slave to Hippocratic evacuations and Galenic polypharmacy, and belonged to the class of heroic practitioners by whom so many poor patients have been done to death *secundum artem*.

Boerhaave, who was in such high estimation while he lived, and whose waiting-room was crowded with patients from every quarter of the globe, seems to have been more a popular physician and an intelligent representative of the state of medical knowledge of his period, than an original genius. Accordingly he is now forgotten. The rival theories of Stahl and Hoffmann disturbed the medical world for a time, but they too are forgotten, and their influence was certainly not favourable to the progress of therapeutics.

The great Heller is quoted by Hahnemann as one of the earliest advocates of what we know to be the true mode of ascertaining the power of drugs, namely, by experimentation on the healthy body. His doctrine too of irritability was a grand stride forward in the true direction. Cullen had the wisdom to perceive that a true theory of cure was necessary to the perfection of therapeutics, but he was singularly unfortunate in his explanation of the mode of action of remedial agents. Indeed it is well known that the unsatisfactory nature of his explanation of the mode of action of bark in ague was precisely what set Hahnemann upon that train of thought that resulted in his discovery of the homœopathic law.

John Brown, the great opponent of Cullen, had the honour to originate a theory of cure that convulsed the whole medical world, and though he missed the discovery of the truth, he came sufficiently near it to compel us to regard his memory with respect, though his private character was not such as became a philosopher.

Though Jenner's discovery of vaccination was fraught with greater benefit to the human race than any other discovery ever made in medicine, still Jenner cannot be regarded as a medical reformer, or as having advanced the art of medicine. Vaccination is but an improved mode of inoculation for small-pox; but its discovery did not introduce any new principle into medicine. The idea of prophylaxis was there already, Jenner only improved its machinery. His merit was the merit of Watt, who found the steam-engine already existing in mechanics, but who improved it so as to make it of universal application.

The great series of medical reformers culminates in Hahnemann, the greatest and last of them all. Of course Dr. Russell has a long and interesting chapter on the Founder of Homœopathy. The force and dignity of this concluding chapter are in our opinion somewhat marred by a quantity of irrelevant gossip respecting some living adherents of the homœopathic system, who, whatever their other merits, have done nothing as yet to deserve being classed among the "Heroes of the Art of Medicine."

In an Epilogue to his book, Dr. Russell gives a brief account of the systems of Rasori, Broussais, Priessnitz, Mesmer and Ling, all of which have exercised a decided influence on the Medical Art, though that of the two first named, who were distinguished physicians, has almost expired, while the systems of the two last, who were regarded as Pariahs and quacks by the profession, still continue to affect medical practice.

And thus it has always been, in medicine as in other arts. If we cast a retrospective glance, we shall find that the chief improvements have generally been effected by outsiders, by amateurs, and not by the regular faculty, who are almost always too much hampered by the red-tapeism of the Colleges and the trammels of authority to make any notable departure from the beaten track. So the historian of the art of medicine must seek his heroes beyond the precincts of the faculty, and this is what Dr. Russell has done. Indeed his very frontispiece portrait is Lord Chancellor Bacon, as if to shew that medicine has derived more advantage from the reflexions of a philosophic looker-on than from the labours of any one of its professed cultivators.

We heartily recommend a perusal of Dr. Russell's book, not only to homœopathic practitioners, but to non-professional readers, and we promise them much amusement as well as instruction from so doing; for Dr. Russell writes in an extremely lively and sparkling manner, and never hesitates to depart from the conventional gravity of the historian to make a joke when opportunity offers. We do not object to this tendency nor think it altogether inappropriate to his subject, for in all ages doctors seem to have been considered fair subjects for jokes, and in spite of the many and grave incidents of human life with which the faculty are connected, the name of doctor will at first suggest to many minds a long list of ridiculous characters such as Diaforus, Sangrado, and the immortal Slop, and even homœopathy has now its absurd fictitious character in the Morgan of "My Novel."

MISCELLANEOUS.

On Mixed Allopathic and Homœopathic Hospitals.

"Memoire addressé à MM. les Administrateurs des Hôpitaux,"
*par Dr. Gallavardin.**

Dr. Gallavardin is quite as convinced as we are, that the art of medicine is one and indivisible. It is sufficient to read his pamphlet to recognise that he is not one of those who write on their banner "Allopathy or Homœopathy." He raises his voice with as much warmth as reason against everything that tends to divide into two camps those men who are really devoted to our art; and he exposes with talent the reasons and the arguments which are fitted one day to put to silence the misunderstanding, dissipate the prejudices and arrest calumnies, and put an end to discussions as hurtful to the dignity of medicine, as they are fatal to the interest of the patients. He is a true physician who is always inspired from the purest sources of tradition, though at the same time the friend of truth and progress. He is one of us, in fine, and on this account deserves a page in this journal.

Surprise may be expressed at seeing Dr. Gallavardin advocate mixed hospitals in the present day.

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* From *l'Art Medical,* Juin, 1861.

This idea appears to be opposed to sound doctrine. In fact, in establishing mixed hospitals and dispensaries, in which there are both homœopathic and allopathic medical officers, do we not in reality keep up the division which he combats in principle, and perpetuate the exclusiveness which he rejects?

Such is the thought that presents itself after reading the Memoire. But it is easy to see that the contradiction is only apparent, and does not go to the root of the question. What the author desires above all is, to assure the triumph of a truth disdained or repelled by the majority of medical men. All that homœopathy wants in order to take its legitimate place definitely in science is experiment on the largest possible basis. In this point of view, we have nothing but approval for the project of Dr. Gallavardin. To organise mixed hospitals and dispensaries on the plan and in the same spirit as that described by Dr. Escaillier; to create mixed medical service for mutual aid societies, large businesses, boarding establishments, seminaries, &c.; these are fit and proper means for putting homœopathy in evidence and determining by the results agreement among medical men on the ground of therapeutics.

Doubtless, the objection will be made, the post of doctors in the hospitals are generally given by *concours*—these *concours* are open to all medical men, whether homœopathic or allopathic. The former are therefore already free to enter the lists, and force their way in and cause their doctrine to triumph. The author has foreseen this objection, and here is how he answers it—"The *orthodox* medical men have organised against the *protestants* against official medicine, the singular ostracism just mentioned, viz., when a medical man enters into *concours* for the place of professor *agrégé*, or physician of the hospitals, no matter how capable he may be, he is rejected without pity, if he is recognised as tainted with the Hahnemannian heresy. And more than that. If a candidate for one of the above places fears the superiority of a competitor, he gets rid of the troublesome opponent by simply accusing him of the above heresy before a medical jury, set up in the manner of a veritable tribunal of the inquisition. This is no invention—the thing has happened." Yes, truly it has several times, so much so that all medical men who have been suspected have been obliged to renounce the *concours*.

On this subject let us relate an occurrence which happened lately. A candidate for one of the places vacant in the hospitals had been denounced to his judges as suspected of homœopathy; but his *innocence* having been recognised, and one of the judges having guaranteed his medical orthodoxy, he was appointed, This success, however, was insufficient to clear him entirely in the eyes of his new colleagues, as we shall see. The medical officers of the hospitals have organised an association, of which by right every new one is a member. The said association, to judge from the fact which we are going to tell, and by its well known tendencies is a sort of insurance company against homœopathy (that scourge of the profession). As soon as he was appointed, the candidate in question lost no time, as was his right and duty, in attending at the next meeting of the society. He soon found that the suspicion hanging over him was profoundly rooted in the minds of his colleagues, and to extirpate it completely he must make a public confession of faith. That day the society was made into a tribunal (a true tribunal of the inquisition this time). There was a president, a secretary, and a procurator, charged with making a formal accusation. They had all the grave air of old consuls occupied with the fate of the Republic, and much more disposed to pronounce a condemnation than to repeat the famous *dignus est intrare.* On that day three newly-elected candidates came to demand the *accolade* from the knights of orthodox medicine.

On the invitation of the president, the procurator (who is, they say, the son-in-law of a druggist) arose and spoke in a cavernous voice. (We can, unfortunately, only give the purport of this speech as it was not reported in shorthand):—

" Amongst three new colleagues who are present this evening for the first time, there are two whom the society welcomes with pleasure into our ranks. We all know that they will never be wanting in honour, and the purity of their doctrine is well known. Let them be welcome. (Unanimous applause.) It is, unfortunately, not so with regard to the third. Grave suspicions, as you know, gentlemen, have been raised respecting him. They say he is infected with the modern heresy which desolates our profession, and troubles the harmony which has always reigned in the medical body corporate. Homœopathy (pardon me for pronouncing before you this fatal and abhorred word) has, they say, seduced his young intelligence, and counts him among the number of its sectaries. We know that another mouth than his has protested against this accusation; but in spite of the authority of this officious protector, we require a more complete retractation, for the facts which we know and which throw suspicion on our colleague, are of extreme gravity. We expect, therefore, this retractation from himself. Let him speak and the society will judge in its wisdom."

After this speech a significant murmur was heard, and all eyes turned on the accused. Judge of his countenance! At the same time, both embarrassed and indignant, his first inclination was to decline this strange jurisdiction and quit the place at once. This we think would have been the best plan. Nevertheless, strong in his innocence, he could not resign himself to remain under such an accusation. He therefore protested strongly against the denunciation, and declared the doctrine of homœopathy was as strange to him as that of Mahomet, and that the books of Hahnemann and his disciples were as unknown to him as the Koran in its original tongue. He demanded that the facts should be brought forward that were the grounds of such more than indiscreet inquisition. It was replied that the Society had heard with great satisfaction his declaration of principles. As to the facts, here they are:—You have been seen several times conversing with homœopaths; you bow to several of them on the street, and a few days ago, you actually shook hands with one of them! (Murmurs of indignation!) If you can, not establish the falsity of these accusations (for unfortunately they are too well proved), exculpate yourself sufficiently, the society will be happy to count you among its members. Unfortunately for the accused his justification was incomplete. He had the courage to avow that he had friends among the *sect;* that he deplored, in truth, their error; but knowing their honourable character he could not withdraw his esteem from them, and that he would continue to speak to them, and even shake hands with them. This declaration, almost heroic, quite lost him in the estimation of his colleagues, and if they have not dared to expel him, they at all events look on him as a false brother.

An objection of another kind has been addressed to Dr. Gallavardin. It is given in the letter of Dr. Diday, in the *Gazette Medicale de Lyon*, 16th May, 1861. Under a specious appearance, it is nothing but one of the usual traps that have been set to catch homœopathy. Here it is entire:—

"To Dr. Gallavardin.

"Sir and honoured colleague,—I have just read your *Projét des Hôpitaux mixtes Allopathiques et Homœopathiques*. It is not my part to fix the value of this memoir in which you have avoided provoking the judgment of your colleagues, and in which, as you admit elsewhere, you address yourself to the non-medical public.

"None of the facts, none of the considerations, and none of the authorities which you cite in favour of homœopathy can make me change my opinion on this mental or moral aberration. I have the unfortunate advantage over you of knowing personally, and having seen at work the coryphæi of the doctrine of which you so warmly praise the hospital practice, and I just as easily escape being duped by them as the perilous temptation of imitating them. But to you, whom I have no reason to class among the converts, I am about to propose a mode of verification, and I make you the proposal publicly, in order that you may be unable to elude it by tergiversations, which I have seen doctrinal interests at times impose on the most honest men. There is a disease very common, and by no means mortal, of which ordinary medicine is forced, when unable to check it at the outset, to respect the course for several weeks, and which it cures afterwards with a certainty almost constant, by means of a medicine whose condition of success is that it should be administered in a certain dose. Can you, during the time we are obliged to let the disease run its course, can you cure it and thus shorten its course? Can you, above all, cure it with any medicine of which I leave you the choice, but which fulfils the condition of being only administered in the doses, or more correctly in the dose by weight, in which homœopathy pretends that its remedies are efficacious? This disease is urethral blennorrhagia, and as you see experiment would be quite innocuous. The lists shall be the venereal wards at the *Antiquaille*, where, thanks to the obliging promise of my dear and impartial colleague Dr. Rollet, I take it on me to facilitate the means of applying your prescriptions and I guarantee the fidelity of their execution.

"Our judge shall be the medical students as a body.

"Do you accept? then I am ready. Do you refuse? then I publish your reasons.

"P. Diday."

We don't well know the reply Dr. Gallavardin will give to Dr. Diday, but for our part we would give him the following advice. Take good care of accepting this proposal, or rather falling into the trap they have set for you. We are not ignorant of the value of these pretended verifications, nor of the kind of good faith that presides over them. M. Gallavardin has traced, in his pamphlet, the history of the trials that have already been made; and he won't forget we are sure, the examples he has cited. It is after declaring formally that homœopathy is "an aberration, mental or moral," that Mr. Diday proposes a public experimentation on this method. That is a joke. An impartial judge does not pronounce beforehand on the question in litigation. This reminds us of an analogous fact which happened to ourselves. In 1848, one of our old Parisian hospital physicians proposed to us to try homœopathy. We accepted his invitation with confidence. One of the first patients offered to our examination was a man with erysipelas in the face, who had come in the evening before. This case appeared to us a proper one to begin with, and we asked to treat it. A burst of laughter, of a little kindly character, was the reply to this demand. After which, the honourable head physician declared that if we had no other proofs of the efficacy of our treatment he would never be convinced; that erysipelas always got well of itself, and that to convert him it would need *miracles*. Thereupon he proposed we should take half-a-dozen cases of *lupus*, which had been in the wards for some years. Our reply was as clear as his declaration. We said we had not the gift of miracles, and that in consequence we could not undertake such a difficult task as his conversion. Mr. Diday does not ask for miracles, but he chooses his ground very *prudently*. He first affirms that the ordinary method cures gonorrhœa *with a certainty almost constant, after having inspected the course of the disease for some weeks, and when it could not stop it at the outset.* This proposition arranged with art to meet the necessities of the cause is false in all its terms. The *constant certainty* is blind; it is not one medicine that is employed in ordinary medicine, but several, and they are all as little certain one as the other; the *respect of the course of the disease for several weeks* is not observed in any one particular; all medical men treat it each in his own manner during that period, and they generally fail to cure it, so the pretended respect is nothing but impotence. As to stopping the disease at the outset, will M. Diday tell us how often he does that in a year?

This phrase of the clever editor of the *Gazette Medicale de Lyon* is evidently nothing but a snare prepared beforehand. If homœopathy displayed some remedies endowed with a certain degree of efficacy, he would answer: You have not one sole medicament, you have not a constant certainty, &c. &c. That is true, we may say in our turn, but you don't possess yourselves those advantages on which you vainly plume yourselves; let us both if you will look out for something better, but above all things let us stick to truth. The judges are still better chosen than the ground for the combat. "The medical students," we love them very much, but for that very reason we won't flatter them. Are they really competent to pronounce on the value of a therapeutic method of which they know nothing, and which as yet they have always been taught to laugh at? To judge of colours we don't choose the blind.

There is in Mr. Diday's letter one fine joke upon the *weight* of homœopathic medicines; unfortunately, with his pen it is nothing but an awkward blunder. Must we recall to him what we have more than once said, viz., that he has never yet succeeded in weighing the dose of mercury in the milk of the nurses with which he cures new-born children of syphilis.

One word more on the reproach he appears to make to Dr. Gallavardin of addressing the public. Doubtless, it would be better to treat of medical questions among the profession exclusively; but when these won't hear, one is forced to seek an audience elsewhere to obtain the means of action. This is not the first time when the *profane* have had to be invoked in favour of scientific discoveries. The history of medicine furnishes several examples. To cite only one, we may remind Mr. Diday how it was that the doctrine of the circulation of the blood got a footing in the teaching of physiology. Dionis not being able to obtain from the faculty nor from Riolan, the dean, a chair for the teaching of this great discovery of the seventeenth century, demanded one from Louis XIV. The latter granted one at the Jardin des Plantes, and the modern heresy spread in spite of the anathema of the faculty. Had it been otherwise, perhaps we might have been still at the physiology of Galen, and the name of Harvey (who was also in his day called a *dreamer* and a *charlatan* by his contemporaries) might have been unknown to us.—F. GABALDA.

A New Definition of Blasphemy.

From a letter on the subject of whooping-cough, addressed to the *Lancet* by Dr. Henry G. Wright, Physician to the Samaritan Hospital for Women and Children, and published by that journal on the 25th May last, we extract the following delicious morsel:—

"Lastly, I do not think that too great stress can be laid on the importance of strictly following carefully-enjoined hygienic rules. It is from the attention paid to these apparent trifles that undoubtedly arises the boasted successful issue in cases of whooping-cough treated under that singularly blasphemous system of quackery introduced by Hahnemann. I think this is the only expletive applicable to those audacious assumptions enumerated by him in the *Organon*, and which, I suppose, his followers endorse. I know no other word that properly designates the arrogation to remedies proved to be inert of effects entirely produced by the unimpeded operation of the beneficent laws of the Creator. Had the credit been wrested from a mortal there would long ago have been a great outcry against such impudent assumption.

Should each blasphemer, then, escape the rod,
Because the insult 's not to man but God?—*Pope.*"

This passage is a gem of the purest water. It is no less remarkable for its grammar than its good sense, and does as much credit to the head as the heart of the writer. Mark the elegance of the construction of the sentence wherein "the boasted successful issue in cases of whooping-cough treated under a singularly blasphemous system of quackery" is assumed to "arise from attention paid to apparent trifles." Admire how Hahnemann is alleged to "enumerate audacious assumptions in the *Organon*." Without stopping to inquire how things "proved to be inert" can still be "remedies," let us contemplate with respect the statement that a certain word, and no other, "properly designates the arrogation to remedies of effects entirely produced by the unimpeded operation of the beneficent laws of the Creator." And let us regard with that awe we naturally feel for everything not quite understandable, the magnificent, though somewhat obscure, peroration where "credit wrested from a mortal" is stated to be "impudent assumption."

Through all these subtleties and intricacies of grammar and construction, we imagine we can discover the writer's intention to be to give a fatal stab to homœopathy by accusing Hahnemann, for the fiftieth time, of blasphemy. Though, in the accusation he is not original, in the grounds of the accusation he is perfectly so. Till now we never heard Hahnemann accused of blasphemy for ascribing therapeutic properties to medicines which they did not possess—which we take to be the meaning of Dr. Wright's wonderful expression, "the arrogation to remedies proved to be inert of effects entirely produced by the unimpeded operation of the beneficent laws of the Creator;" if such was his meaning, we are at a loss to understand why he did not say so, instead of perpetrating such barbarous jargon as that just quoted. And here we might write a homily on the tendency of the contributors to our periodical medical literature, to indulge in a stilted style of phraseology, and to endeavour to conceal the poverty of their ideas by an inflated mode of expression, which is extremely distasteful to any one at all accustomed to the best models of composition. Such writing reminds us of a little insect—we forget its name—that lies concealed from mortal vision in a great splatch of froth, it is a hard matter to discover the little creature in its bubbly tenement—and when found it proves to be a puny, sickly-looking thing—not worth the trouble of the search. But to return from this digression to Dr. Wright's accusation. If it be blasphemy to attribute to substances curative powers which they do not possess, then we fear the whole race of physicians, from Hippocrates down to Dr. Wright himself (we do not say inclusive) are more or less blasphemous. Nay, perhaps Dr. Wright himself may belong to the same category, for who knows but that he himself may have on some occasion attributed the recovery of a patient to some pill or potion of his prescribing, when, in fact, the cure was, to use his own words, "entirely produced by the unimpeded operations of the beneficent laws of the Creator." By the way, can Dr. Wright refer us to any cures—or kills either for that matter—that are not referrible to the "operations of the beneficent laws of the Creator?" If Hahnemann cures a pleurisy by a few doses of aconite, or Bouillaud kills by his bleeding, *coup sur coup*, the effect in either case must be attributed to the operation of the laws of the Creator, whether we call them beneficent or not. But to pass from what Dr. Wright says to what he meant to say, which is, that Hahnemann, in the *Organon*, attributed remedial powers to inert substances. All who have read the *Organon*—among whom we cannot include Dr. Wright—know that the examples of the curative action of medicinal substances are all, without exception, taken from the writings of physicians of the old orthodox and traditional school; and the "blasphemy" of ascribing to these substances effects of which they were incapable—if such an error has been committed—

does not lie at Hahnemann's door, but is the offence of the hundreds of illustrious men of Dr. Wright's school, whose writings Hahnemann quotes.

Of all silly modes of attempting to put down a scientific adversary surely the very silliest is to accuse him of blasphemy in religion because he differs from you on a point in science. And yet, in spite of its silliness, in spite of its ludicrous failure to effect the object sought, it is a curious and instructive fact that it is one of the favorite modes of meeting any scientific novelty. If the charge of blasphemy could consign your adversary to a dungeon, as it did in Galileo's day, then there might be some hope that it would cause a temporary eclipse of the truth, and lead to its temporary recantation, though that would only last as long as you had your adversary closely shut up, for as soon as his prison-door was opened, he would again shout *eppur si muove* in your ears. But without the dungeon, your charge of blasphemy is only hurtful to yourself, for it brings ridicule and contempt upon you. The public is sufficiently wide-awake by this time to know which party in a scientific question is right, when one side attempts to fix on the other the charge of blasphemy. Where, now, are those, and with what feelings are they regarded, who attempted to confute Columbus, Kepler, Galileo, Jenner, the geologists, by calling them blasphemous? America is daily visited by the inhabitants of Europe; the planets are acknowledged to move in elliptical orbits; the earth is confessed to travel round the sun; vaccination is admitted to be a protection against small-pox; and the world is allowed to be more than 6,000 years old. *Eppur si muove!* yes, every truth keeps moving on, and soon leaves its detractors out of sight and out of memory.

In the letter from which we have made the above quotation, Dr. Wright recommends as a remedy for whooping-cough, a mixture composed of the following ingredients:—antimonial wine, 20 drops, tincture of aconite, 4 drops, potass-tartrate of iron, 8 grains, distilled water, 1 ounce. It is a curious fact, that whenever an allopathic practitioner prescribes aconite, he seems to be uneasy lest some one should accuse him of having borrowed from the Materia Medica of Hahnemann, and he therefore feels it incumbent on him to have a fling at homœopathy, in order to ward off the imputation. We suspect that, somehow or other, when an allopath prescribes aconite, he swallows an over dose of his own prescription, and forthwith begins to exhibit some of the physiological effects of the drug, especially its action on the mind and disposition—such as angry disposition," "piteous complaints and reproaches," "lively imagination," &c.; and, while under the influence of those emotions, he sits down and writes a letter to the *Lancet*, which is certain to contain an abuse of homœopathy.

Cosas de España.

We read in the *Criterio Medico* of April last, that the 106th anniversary of the birthday of Hahnemann (10th April) was celebrated in Madrid under the auspices of the Madrid Hahnemannian Society. A numerous and select assemblage filled the large and magnificent hall of the Conservatorio de Musica. Representatives were there from the professorial body, the medical and political press, the magistracy, the legislative bodies, the scientific and literary academies and societies. "Among the notabilities belonging to one or other of these categories," says the *Spanish Reporter*, in the true style of our own penny-a-liners, "we observed the Marquis of Viluma, General Infante, the Duke of Veragua, the Marquis of Morante, Mr. Castillo y Aquesa, Dr. Palon, Dean of the Faculty of Theology, and a great many others, among whom were many medical men of the allopathic school. Papers were read—one a poetic effusion; and after the scientific business, a number of the celebraists sat down to a fraternal banquet, at which the usual allowance of toasts were given and speeches made.

The report of the secretary of the society lets us see a little of what our colleagues in Spain are busying themselves with at the present moment. We are rather surprised to find them in a state of excitement about Mr. Rutter's unfortunate so-called magnetoscope. Here is the paragraph in the report about it:—

"Some years ago, Dr. Ruter (*sic*) invented an instrument to give a physical demonstration of the activity of medicines prepared according to the homœopathic method, and Dr. Quin gave, in the London Homœopathic Hospital, to a numerous and illustrious assemblage, an account of the experiments he had witnessed. The Hahnemannian Society of Madrid hastened to communicate this discovery to the medical men of Spain, through the medium of its official periodical; but last year it has made a greater effort to ascertain how much truth there may be in the matter, for in consequence of an interesting memoir read in the society by Mr. Alvarez, of Cuillar, in which he directed attention to this important subject, the society appointed a committee to study the said instrument, and the phenomena attributed to it."

We regret that our Spanish friends have not something more useful to study than the magnetoscope; and if we may presume to offer them advice, it would be to let the thing quietly drop, as we have seen in this country that the subject is not one calculated to bring credit either on homœopathy or on those who meddle with it.

We learn, further, from the secretary's report, that the society maintains a dispensary for the poor, to which patients are admitted any day they choose to apply, "even on the days of most solemn festivals." There are on an average, about 180 patients a week.

The secretary sums up this report with the following eulogium on the society:—

"A society legally constituted, which can boast of sixteen years' duration—which has laboured incessantly in defence of the great reform commenced by Samuel Hahnemann—a corporation which counts among its members, both native and foreign, some eminent medical men—whose industry and knowledge no one can deny, not even the enemies of homœopathy—a corporation that devotes itself with such constancy to the cultivation of science—that proclaims its love of progress, and accepts any improvement and discovery that time reveals—a society whose members are filled with the desire to improve themselves more and more—which holds literary meetings of importance—which keeps up a journal worthy of its great objects, and which has sufficient funds to supply all its exigencies—a society, in fine, which knows how to unite charity with science, philanthropy with clinical study, and which fills a void in official beneficence, by the aid it renders to the necessitous classes of the population—is entitled to the favourable consideration of the intelligent and of the Government, and to the gratitude of all persons of generous and humane sentiments. Its existence is assured; its future is smiling; and posterity, which is always just when it beholds the dust of the generations that have passed away, will accord to it a grateful remembrance, and will always have a word of blessing for the virtuous man and profound genius, whose 106th anniversary is this day celebrated by the Hahnemannian Society of Madrid."

Fuligo Communis and Hydrastis Canadenis in Chronic Ulcers.

By Dr. Rogerson, Manchester.

Within the last few months I have had occasion to meet with some few cases of old chronic ulcers which resisted both allopathic and homœopathic treatment, partly owing to the tainted constitutions of the patients, and partly from want of attention to the ordinary dietetic rules so necessary for the treatment of such cases.

The first was that of a tall, seemingly healthy and robust individual, very much addicted to the pleasures of the table, and being engaged in a large brewery, was constantly in the habit of "testing the quality of the last."

He had for the last four years been suffering from an ulcer over the outer part of the ankle joint, induced through venereal disease, for which he had been salivated by an experienced practitioner, without any benefit. There had been a constant discharge of a thin and serous character, occasionally tinged with blood; edges raw and ragged; ankle swollen and tender to touch. After having prescribed the ordinary remedies, consisting of Lachesis, Mercurius, Arsenicum, Nit. acid and Iod. potass., etc., etc. No marked change occurred, either in general health or appearance of ulcer.

He was then put under Hyd. canad. internally, with the external application of the Fuligo in the form of a salve spread on a small piece of lint, and applied locally over the part, four or five days. Afterwards a marked change was observed; the discharge became gradually diminished; the raw and angry edges disappeared, so that in less than a fortnight it had nearly healed. It was formerly the size of a crown; when I last saw him, however, the wound would admit little more than the tip of the little finger.

The next case is that of a Billiard Marker, who was placed in a less favourable condition than the former, from his having constantly to walk from one room to another, and also being subjected to the occasional temptation of alcoholic liquors, together with the constant inhalation of tobacco fumes, breathing an atmosphere highly charged with carbonic acid, late hours, food not particularly well cooked, and taken at irregular intervals—causes which operate most directly upon the health of even the most robust. He had been under allopathic treatment for some fourteen months, suffering from a hard edged, irregularly formed ulcer in the middle of the leg. There was no pain, unless after active exercise, the part being, in fact, less sensitive than the surrounding sound skin. He was now put under Hyd. can. internally, with the external application of Fuligo c., and after three or four days a marked change was observed in the part, until after three weeks' continuous application the edges became more natural, the character of the ulcer completely changed, and his general health improved.

Other cases of a similar nature will in some other number be reported.

Calcarea Muriatica in Boils.

By Dr. Kallenbach, Senior, of Utrecht.

(From the *Neue Zeitschrift für Homœopathische Klinik*, Mai, 1861.)

When a sure and almost never-failing remedy for a troublesome though not dangerous disorder has been found, it is worth while keeping it in memory. Rademacher praises as such calcarea muriatica topically applied to boils, and I have found his recommendation justified by experience.

For about 20 years I have myself been afflicted with this troublesome skin disease every three or four years, and have passed many a sleepless night under the use of Arnica, Hepar, and poultices, when a boil the size of an egg has formed on the perinæum or the back and rendered every movement painful. Usually I have been tormented ten or fourteen days before the so-called core has suppurated out. Last June, after recovery from an attack of dysenteric diarrhœa, a boil the size of an apple formed in the perinæum, and after eight days, in spite of homœopathic treatment it was so bad that I could no longer drive out, but was confined to bed unable to move. The formation of matter (my age being 65) went on slowly and the fluctuations were barely perceptible, so that from former experience I counted on another eight days delay. Then came into my memory Rademacher's recommendation, and I began to apply a solution of Muriate of Lime, 2 drachms to 3 oz. of water. The same night was quiet and almost free from pain, whilst the two preceding ones had been so disturbed that scarce a quarter of an hour's sleep could be got at a time for the pains. In twelve hours the boil opened of itself, and discharged about one-third of its volume of thin bloody pus. Under the continuance of the same application the opening closed in a few hours and the remainder of the swelling was dispersed by resolution in a few days, instead of passing into suppuration.

In August, about six weeks after, there formed again in the same spot the hard kernel of a new boil, which in eight days had reached the size of a walnut, and began to be painful. Without waiting for the commencement of suppuration I rubbed in the above watery solution of Calc. mur. several times in the day, and applied the compresses wet with it at night. The result was prompt in that by 48 hours the swelling began to subside, and in eight days disappeared without a trace.

This favourable result induced me to make use of this remedy among my patients, and to commence its application at the very beginning of the disease. Within the last month two cases have occurred in confirmation of the above. In the one a young lady of 22 had a boil in the groin, and in the other a man of 44 in the axilla, and in both complete resolution was brought about in eight days.

[It may not be uninteresting to add here Rademacher's remarks respecting the use of Muriate of lime in boils. We accordingly append a translation which will give some idea of his curious quaint style of writing on medical subjects, a style which he seems to have imitated from his great master Paracelsus, and at the same time illustrate the peculiarity of his doctrines, especially regarding what he calls organ-remedies, to which allusion has been made in the Review of Dr. Russell's book.]

"I shall now speak of the adipose tissue. To its diseases belongs a malady which is properly an object of surgical treatment, but for which surgery has as yet been able to do but little; I allude to furuncles or boils. As long as I have practised physic I have remarked that all the varieties of fomentations, poultices, salves and plasters used by surgeons for boils were utterly useless. The common people are so convinced of the inability of surgeons to assist them, that they never think of applying to them, but use salves and plasters of their own. Even the poor folks who obtain gratuitous medical and surgical aid from the parish doctor never think of going to him. As we had here formerly surgeons of the old school, when they left us I was curious to see what the new-fangled first or second class Prussian surgeons would do; I soon found, however, that they could do just as little as the others. I cannot blame them for that, because I was just as unsuccessful myself; and though I made many attempts to cure the confounded things, I was forced to allow that they would not succumb any better to my heretical attempts than to the orthodox measures of my surgical colleagues.

"It so happened that for several years past I was compelled by that philanthropic spirit which is a virtue peculiar to us doctors, to do a considerable amount of surgery for the poor people, because our parish surgeon, an old worn-out body, was either too weakly or too forgetful to attend to the poor. I now had an opportunity of testing the excellent effects of Muriate of lime, which I had read of in the journals, in many external affections. I remember once being called to a poor woman down with fever, and I observed her husband sitting idle in the house. On asking him why he was not at work, he shewed me both his legs, the skin of which bore a great resemblance to a colander; they were thickly studded with small ulcers, ranging in size from a sixpence to a shilling. They penetrated through the true skin into the adipose tissue; they excreted a nasty looking pus, had a discolored appearance, and were so painful that the poor man was quite unable to work, and was forced to sit idle at home to the great disadvantage of his family. He said the parish surgeon had given him some medicine which had done no good, and then had neglected him altogether. By the external use of Muriate of lime I cured this man's leg, and the cure was effected so rapidly and so visibly, that this case, which is hardly worth mentioning, set me a thinking. It is, thought I, not merely probable, but actually obvious to the naked eye, that these innumerable little ulcers have their seat in the adipose tissue. The Muriate of lime not only conjured away the pain, but it promoted the cure much quicker than I have ever seen similar ulcers cured by any salves or plasters. Is it not, therefore, natural to suppose that Muriate of lime must be an excellent remedy for diseases of the adipose tissue? —and if this supposition is correct, must it not be the true specific for boils, as these are perceptibly and undeniably seated in the adipose tissue? The idea was good, but where was I to find all at once patients afflicted with boils? As these know that doctors and surgeons can do them no good, they prudently keep away from us, and it is only rich patients who make vain appeals to the surgical art. Happy is the chemist who, when an idea strikes him, can at once proceed to verify it by experiment. We doctors must wait till an opportunity presents itself, and when it does so, in the course of time, ten to one it comes at the wrong time,—at a time when the good thought has long lost its novelty and vitality,—at a time when something more important occupies us, so that in place of seizing the opportunity, we let it slip altogether. And so it happened with me until the year 1831. I was then called in to the daughter of a poor couple, who lay ill of fever, and there I found the mother walking up and down the room with a countenance indicative of suffering. On asking her what ailed her, she said she had a large boil on the right shoulder blade, that punished her so severely she could not get a wink of sleep, and it had quite taken away her appetite. There was a little bit of a hole in the thing, but the pain was not a bit the better for it.

"Inspection shewed that she had really a very virulent looking boil on the right shoulder blade; the surrounding hardness was about as large as the palm of the hand; the inflammation was very intense; there was a very small hole in the centre. On asking her why she did not apply to the parish surgeon, she replied there was no use doing so, for surgeons knew nothing good for boils. All she had done was to apply chewed gingerbread to it, which was just as good as anything the surgeon could give her. I could not conscientiously gainsay her assertion; at all events, chewed gingerbread appeared to me to be quite as good as what Paulus Ægineta advised, viz., chewed wheat. However, I asked her if she would apply to the boil a remedy I would prescribe for her; if it did not soon relieve her, she was free to go back to the gingerbread. She assented to my proposition good humouredly, but did not seem to have much confidence in it.

"I had an ounce of Muriate of lime dissolved in a quart of water; in this I soaked a good large piece of lint, and applied it all over the boil and surrounding hardness, and directed that it should be kept constantly wet. There was no need to warn against allowing the clothes to press on the boil, for the pain had already driven the patient to cut out her dress in such a way as that it should not touch the boil. The next day the old lady received me with a smiling countenance, and as soon as I entered the room she said her boil was much better. I found that the virulent inflammation of the boil was lessened, and so I ordered the lint wet with the solution to be still applied.

"I will not weary the reader with a chronicle of the daily progress of the case. Suffice it to say that the hardness gradually softened, that the expulsion of the core of dead skin took place remarkably soon, and that when the core came away the muscular fibres appeared at the bottom of the wound as beautiful and as clean as when exposed in the dead subject by the anatomist. I then diluted the solution of the Muriate of lime to one half the former strength, and under the continued use of this simple remedy the cure took place more painlessly and more uninterruptedly that I had ever before witnessed.

"After testing the curative powers of Muriate of lime in a few more cases, I wished to ascertain if it could disperse boils on their first appearance; but it was a much more difficult matter to obtain such cases to experiment on.

"In the summer of 1832 I met a lady of my acquaintance who had suffered during the winter from some abdominal complaint, but had recovered completely. As she did not look so cheerful as usual, I asked her if she was poorly again. She replied that her general health was quite good, but that she was plagued to death with boils. She had one on the inside of the thigh, three more were just commencing, and one of these was in such an uncomfortable place, that she did not know what to do. It was seated in the commissure of the nates, close to the os coccygis.

"I asked her if she would consent to be made the subject of an experiment with a view to disperse the boils that had just commenced; I could not promise anything with certainty beyond speedily curing the unresolvable boil on the inside of the thigh which had already two small holes in it.

"As she willingly consented, I caused her to apply the solution of Muriate of lime in the same strength as in the case of the other woman. The three commencing boils disappeared readily, even the one that was situated on the nates, and to which the patient could not apply the soaked lint, but had to bathe it frequently with the solution. The unresolvable one with the two holes in it healed up as in the case of the other patient. Soon after this I succeeded in dispersing a commencing boil in a young lady with the same remedy." (Rademacher, *Erfahrungsheillehre*, Vol. I, pp. 835-9.)

[I may be permitted to add to the above that I recently had an opportunity of observing the excellent effects of a similar solution of the Muriate of lime in the case of a young gentleman sadly bothered with boils. The solution not only relieved the pain almost immediately, and healed up an open boil rapidly, but it prevented others from coming to a head.—R. E. D.]

Death by Misadventure.

As long as allopathy exists, so long will the pernicious practice prevail of attempting to quell for a time the agony of neuralgia by narcotics. Though the practice is so unsuccessful as a curative means, it is persisted in with a steadiness worthy of a higher principle, though it is well known that the temporary relief that ensues is dearly purchased, when no worse effects are produced, by increased sensitiveness when the narcotic effects of the opiate have subsided, by total derangement of the digestive organs, and often by a confirmed habit of resorting to the opiate even after the cessation of the pain that it was first taken for. As long as the dominant school despises the search for specifics, it will consider palliation as the perfection of medical treatment, and narcotism for pain will form an unchangeable article of its therapeutic creed. Occasionally a fatal accident from this practice will slightly stagger the belief in its absolute perfection; but at the inquest a crowd of medical men will testify that the prescription was *secundum artem*, and the dose left nothing to be desired, so that the allopathic faculty will speedily resume their wonted equanimity, and if they in their hearts attach blame to any one in the matter, it will be to the patient, who had no business to die under the circumstances; so they will continue to prescribe with a clear conscience what has proved a fatal dose, and if other deaths should occur, as of course they will occasionally, as long as narcotism is employed for pain, they will continue, as heretofore, to come off with flying colours, and their poor victims will be held to have acted very wrong in dying under such excellent medication.

We transfer the following account of a coroner's inquest from the columns of the *Daily Telegraph* of the 1st of June. It is highly instructive as showing that a single grain of morphia may cause death, and that pills containing such a fatal dose are kept in stock in our public hospitals, and given without hesitation, to allay the pain of toothache, to all comers. With regard to the learned explanation given by Professor Rogers of the cause of death we are not qualified to decide, for we are not aware that disease of the kidneys renders the patient more susceptible of the poisonous nature of morphia. It may be so, but as Professor Rogers puts it, it looks suspiciously like an ingenious and plausible invention for the purpose of whitewashing the prescriber, which, however, it fails in doing, or rather it leaves him in a worse mess than before, because it will naturally strike every one, that if it had been well known that a certain disease rendered an ordinary dose of morphia a poisonous one, it was the duty of the prescriber to inquire whether his patient had this disease or no before ordering what might possibly be a fatal dose. It would have been more creditable to the prescriber to attribute the death to idiosyncrasy or perverseness on the patient's part than to disease of the kidneys, for the former cannot be detected, whereas the latter can.

"Mr. G. S. Brent, deputy-coroner for the western division of Middlesex, instituted a lengthened investigation yesterday at the Bank of England Tavern, Cambridge-place, Paddington, relative to the death of George Cooper, aged 45 years, painter, residing at 3, Edward-street, Dorset-square.

"The proceedings were watched with peculiar interest by the medical profession generally, the friends of St. Mary's Hospital, Paddington, and the friends of deceased, in consequence of a prevailing belief that the deceased man, who was an out-patient at St. Mary's Hospital three weeks for tic douloureux had died from poison erroneously administered by one of the medical staff of that institution.

"The first witness was deceased's landlord and brother-in-law, who deposed that deceased, who lived in the same house, was an out-patient at St. Mary's Hospital for pain in his face, caused by a decayed tooth. Deceased told him last Thursday week, in the evening, between eleven and twelve, that he had just got a pill from the hospital, but he felt so much better that he had a mind not to take it. Witness told him it was no use going to a doctor unless he took what he ordered for him, and deceased then said he would take it. Towards morning deceased got worse, and witness got from his bed and found him very ill indeed, and complaining that he wished he had not taken the pill, as he felt all numbed from it, just as if he was paralysed. Witness having given him some weak brandy and water left him, but again visited him at a very early hour that morning, and then found him sleeping in bed. About noon he was sent for, and he left his work and went to the hospital, where deceased had been removed. In answer to his question to see George Cooper, the porter told him there was no man there by that name, but immediately afterwards added, 'Oh, you mean the poisoning case;' and some young gentlemen of the hospital, who were standing by, said he could not see him then, but he was getting better, and might be well enough to return home that night. That evening he died.

"Mrs. Cooper, deceased's wife, said her husband was an out-patient at the hospital only for pain arising from decayed teeth, and took the pill in question for the purpose of having a good night's rest, although he was so much better that evening as to have expressed a strong intention not to take the pill, which was obtained by a prescription received by deceased from Dr. Sieveking at his private residence, and presented at the hospital by her son. Deceased took the pill a quarter before twelve on the night of Wednesday, the 22nd, and nothing remarkable was observed until three o'clock in the morning, when he exclaimed to witness as he lay in bed, 'O good gracious! Get out of bed; I feel so bad. I feel I am dying. I wish I had not taken that pill.' He shortly afterwards fell asleep, and, notwithstanding his wife made every attempt to wake him by shaking, &c., she did not succeed until eight o'clock, and then he appeared very wild, and had a strange noise in his mouth. His lips turned all manner of colours, and he was evidently dying. Medical assistance was procured, and he was afterwards removed to the hospital insensible.

"Mr. F. J. Rogers, M.R.C.S., house-surgeon of the hospital, remembered deceased being brought in on the 23rd, at twenty-five minutes to eleven. At the special request of Dr. Sieveking, who had been in the habit of attending deceased, witness saw him; he was then in a semi-comatose state—insensible, limbs contracted, pulse slow but full, and here and there the surface was livid. He understood deceased had a grain of morphia administered the night before. A grain he did not consider to be a heavy dose, and was often used by some physicians. Witness immediately set to work. He dashed cold water in his face, applied galvanism and ammonia to his nostrils, and after a time he became sensible enough to take coffee and strong stimulating draughts for about an hour. By this time he was strong enough to be moved up and down on the sofa, which was continued for another hour. They managed to to keep him awake still another hour nearly, and then he fell asleep again; they were totally unable to again arouse him, and he died about a quarter past one p.m.

"Mr. C. F. Mylius, assistant dispenser at the hospital, dispensed medicine on the 22nd inst. The prescription for the pill in question was for a single morphia pill ordered by Dr. Sieveking. It was an ordinary pill kept ready made, containing one grain of acetate of morphia, made in the usual manner, and perfectly similar to those in a box here produced by Professor Rogers, which was, after the fatal occurrence, sealed and taken possession of by him.

"Professor Rogers, M.R.C.S., was next examined, and swore: I was formerly lecturer on chemistry at St. George's School of Medicine seventeen years, and am now practising as analytical chemist at Denbigh-street, Pimlico. I have made a post mortem examination of deceased's body by special order from the coroner's court, as a surgeon entirely independent in the case. Externally there was not so much lividity of the skin as in an ordinary case of poisoning. I opened the head. The dura mater was slightly thickened, and the surface of the brain extremely congested. The vessels of the brain appeared congested, and a small quantity of blood diffused beneath the anachroid. There were numerous bloody points in the brain, and rather more effusion than usual in the ventricles. I found in the chest the heart much smaller than usual, and a little fluid in the pericardium, and some fluid blood in the right ventricle. The left was empty. There was no state of the valves that would account for his death. There was, I should say, a pint and a half of fluid in the cavity of the chest, both sides. There was a good deal of engorgement about the lungs. The liver was much smaller than usual, but no disease there worthy of remark. The kidneys I found, were much smaller—about half the size—than usual, in a state of disorganisation. They were diseased, and of a character I will presently remark upon. The stomach was removed, with its contents, subsequently opened, and found to contain nothing beyond about four ounces of copper-coloured fluid which was duly subjected to a chemical analysis. I also removed portions of hair, some blood, and portions of urine in the bladder, for the purpose of examination. I should mention that on Saturday Dr. Chambers gave into my possession the box of pills produced, which had been sealed very carefully in the presence of the secretary. I found the box contained fourteen pills; six I gave to the secretary, four I subjected to an analysis, and four remain. With regard to the contents of the stomach, there was no poison whatever there. In the liver I found that there was an alkaloid, a body of the same nature as morphia, both in the fluid and the blood, but not in a quantity sufficient to determine exactly what it was. Now, I wish to remark on the kidneys. With regard to the urine, that was in a diseased condition, dependent, I consider, upon the state of the kidneys. Upon an analysis of those pills, I find they have been very carefully made up; there is not a variation of more than two-tenths of a grain in any one of them, each containing eighth-tenths of a grain of morphia, showing that the pills were what they were intended to be—pills containing muriate of morphia of one grain each, which I find is not an unusual dose. Now comes the cause of death, which, no doubt whatever, arose from the administration of that pill while the kidneys of the deceased were in the diseased state I have described. This pill unquestionably caused the poor man's death; but it is well known by many persons of experience that in persons with such diseased kidneys (about which there does not seem to have been the slightest suspicion by any of his friends) morphia, under these circumstances, will act in a most extraordinary way, and by poison, as in this case. It is one of those unfortunate things never suspected or known until the distressing occurrence has happened. It is a circumstance very difficult sometimes to ascertain. I have found persons with albumen in the urine where such a moderate dose of morphia would have the same fatal effect. One, or even two, grains is not considered too large a dose, and calculated to soothe pain; and this pill, except in such a deplorable case would never do harm.

"After considerable discussion and some deliberation, the jury unanimously returned a verdict, 'That the deceased died from congestion of the brain, produced by the effects of morphia taken as a medicine. Misadventure.'"

Count Cavour and his Physicians.

"There never was a clearer case of a man murdered by his medical attendants. Within a very short period of five days they attempted to cure the Count of four or more different complaints,—congestion of the brain, typhus fever, intermittent pernicious fever, brain fever, dropsy, and lastly gout; and for all these diseases they could think of nothing but their own sovereign remedy, the lancet. I think those excellent practitioners are worthy to send down their names to posterity. They were, Dr. Rossi, Dr. Mattoni, and towards the end, the King's Physician, Riberi, the same in whose hands the mother, wife and brother of Victor Emmanuel expired, one by one, in the early months of the fatal year 1855."—*Times*, June 10th, 1861.

We wonder if these three Sangrados, after having achieved the murder —*secundum artem*—of the first statesman in Europe, acted like their prototype, when he had dispatched the canon Sedillo by similar means. Le Sage tells us: "Cependant, loin d'imputer la mort du chanoine à la boisson et aux saignées, il sortit en disant d'un air froid qu'on ne lui avoit pas tiré assez de sang ni fait boire assez d'eau chaude."

The English allopathic journals pour forth a great deal of virtuous indignation on the mode of treatment pursued by Count Cavour's physicians, and say that it is impossible such barbarous practice could have been adopted by any English physician. But they seem to forget that not 30 years since precisely the same sanguinary mode of treatment was the rule in this enlightened country, and it is not nearly so long since Mr. Kingdon was subjected to a storm of abuse when he suggested the possibility of our lancets rusting in their cases. The Italian doctors may not yet have made the startling discovery, that diseases are no longer of that sthenic inflammatory type that admits of and demands blood-letting, that in fact the constitution of the human race has altered so much during the last 30 years that patients cannot now be bled with advantage or even with impunity. This wonderful discovery was made a few years since by our physicians, but it is a remarkable circumstance that it was made after blood-letting had fallen into disrepute, and that the present abandonment of venesection is by no means owing to the discovery of the altered type of disease. There are sceptics who altogether deny that diseases or constitutions have altered in the least within the limits of one or any number of generations, but that the maladies described by Hippocrates have their exact counterparts in the present day. Non-medical persons—like a recent writer in the *London Review*—have the wit to perceive that the alleged cause of the altered type of diseases and constitutions, viz., the increased temperance of this generation, is absurd, for women used to be bled just as much as men, and it is not alleged that women as a rule were ever addicted to intemperate habits.

Arsenic-eating in Styria.

At the ordinary meeting of the Manchester Philosophical Society, held on the 30th of October, Dr. J. P. Joule, president, in the chair, a paper was read by Dr. H. E. Roscoe, entitled "On the Alleged Practice of Arsenic-eating in Styria." Professor Roscoe, being anxious to obtain definite information respecting the extraordinary statements of Von Tschudi, quoted by Johnson in his *Chymistry of Common Life*, that persons in Styria are in the habit of regularly taking doses of arsenious acid, varying in quantity from two to five grains daily, was supplied through the kindness of his friend Professor Pebal, of Lemberg, with a series of letters written by 17 medical men of Styria, to the Government medical inspector at Grätz, concerning the alleged practice. After reviewing the opinions of Dr. Taylor, Mr. Kesteven, and Mr. Heisch, upon the subject, and having mentioned the results and conclusions arrived at by those who had previously interested themselves with the subject, Mr. Roscoe stated that all the letters received from the medical men in Styria agree in acknowledging the general prevalence of a belief that certain persons are in the habit of continually taking arsenic in quantities usually supposed sufficient to produce death. Many of the reporting medical men had no experience of the practice; others described certain cases of arsenic eating which have not come under their personal notice, but which they have been told of by trustworthy people whose names are given; while others, again, report upon cases which they themselves have observed. Professor Roscoe proceeded to bring forward, in the first place, evidence bearing upon the question, —Is or is not arsenious acid, or arsenic in any other form, well known to and distributed among the people of Styria? He said that he had received six grains of a white substance forwarded by Professor Gottlieb, in Grätz, accompanied by a certificate from the district judge of Knittelfeld, in Styria, stating that this substance was brought to him by a peasant woman, who told him that she had seen a farm labourer eating it, and that she had given it up to justice to put a stop to so evil a practice. An accurate chemical analysis showed that the substance was pure arsenious acid. Extracts from many of the reports of the medical men were then read, all stating that arsenious acid, called "Hidrach" by the Styrian peasants, is well known and widely distributed in that country. The second question to which Mr. Roscoe sought to obtain an answer was, whether arsenic is or is not regularly taken by persons in Styria in quantities usually supposed to produce immediate death? The most narrowly examined, and therefore the most interesting case of arsenic eating, is one recorded by Dr. Schäfer. In presence of Dr. Knappe, of Oberzehring, a man 30 years of age, and in robust health, ate on the 22nd of February, 1860, a piece of arsenious acid weighing 4½ grains; and on the 23rd another piece weighing 5½ grains. His urine was carefully examined, and shown to contain arsenic; on the 24th he went away in his usual health. He informed Dr. Knappe that he was in the habit of taking the above quantities three or four times each week. A number of other cases, witnessed by the medical men themselves, of persons eating arsenic were then detailed. Dr. Holler, of Hartberg, says that he and other persons, named in his report, guarantee that they are together acquainted with 40 persons who eat arsenic; and Dr. Forcher, of Grätz, gives a list of 11 people in his neighbourhood who indulge in the practice. Professor Roscoe did not think it necessary to translate the reports *in extenso;* he gave extracts containing the portions immediately bearing upon the two questions at issue, and deposited authentic copies of the original reports with the society for the purpose of reference. He concluded that decisive evidence had, in his opinion, been brought forward, not only to prove that arsenic is well known and widely distributed in Styria, but that it is likewise regularly eaten, for what purpose he did not at the moment investigate, in quantities usually considered sufficient to produce immediate death.—*Mechanics' Magazine.*

Apial.

In the Elements of a New Materia Medica published in connexion with the American Journal of Homœopathy, an empirical notice of Apial, Parsley oil, occurs, in which it is said to be diuretic, antiperiodic, tonic, aperient and emenagogue, very useful in dropsy, especially that following scarlatina and other exanthematous diseases. As also of use in retention of urine, strangury and gonorrhœa.

In intermittent fever, of forty-three cases, thirty-seven were cured, and in six, although the fever was not removed, yet it was very much modified.

Of these forty-three cases, twenty-one were quotidians, eighteen tertians, and four quartans, five quotidians and one quartan resisted the remedy.

Respecting the intermittents of hot countries, of thirty cases treated sixteen were cured; of nineteen quotidians twelve were cured; ten tertians, four cured; and one was quartan, not cured.

In the *Medical Gazette* of January 26th, in selections from Foreign Journals are some remarks by M. Loret, on the use of Apial. He recommends its employment in amenorrhœa and dysmenorrhœa, to be given at the time at which the menstruation should return. There may be difficulty in exactly fixing this, especially when the menses have been long absent; but there are almost always symptoms arising from a congested state of the uterus, which will sufficiently fix the period for commencing the remedy. The apial may be given in capsules, each containing four grains of apial, one to be taken night and morning.

These are continued during the four or five days of the menstrual epoch. The month after, and even the third month, if menstruation has not become sufficiently abundant and quite regular, exactly the same procedure is to be observed. As a general rule, the menses appear more or less abundantly after the first course of doses, and it is rare for the medicine to be required to be taken after the third month. In dysmenorrhœa, precisely the same course is to be observed. M. Loret quotes several cases exhibiting the decided efficacy of the apial in primary amenorrhœa, or deficiency of secretion; in accidental amenorrhœa, or suppression, and in dysmenorrhœa.

Bulletin de Thérapeutique, tome lix. pp. 97—113.

Gelsiminum Sempervirens.

In Vol. XVIII. we gave a proving of this medicine by Dr. Douglass, and several cases illustrative of its therapeutic action. The following case, which we extract from the *Proceedings of the* 17*th Annual Meeting of the American Institute of Homœopathy*, is by Dr. Kenyon, and is a good illustration of the curative powers of this new remedy.

Rev. Mr. ——, aged about 35 years, nervous, bilious temperament, but predominance of nervous, applied to me for relief, and gave the following history of his case:

He has for years had bronchial catarrh, otherwise has had very good health until the year 1855, when he removed to Michigan, and very soon began to have intermittent fever; not being near any homœopathic physician, he was obliged to resort to allopathy. He was treated with enormous doses of Quinine, and the disease went through all its variations, viz., quartan, tertian, double tertian, &c., and continued at intervals, until he returned to his old home in New York in 1858. He is now suffering with severe pain, accompanied with pressure and heat in the back of the neck, pain of a burning character in the left side of the head and face, numbness of left side of the face, and the left arm and hands, coldness of extremities, vertigo, sleeplessness, and inability to concentrate the thoughts. These symptoms were all increased in severity from 10 o'clock A.M. until 10 P.M., and a corresponding diminution the other twelve hours.

I gave him Ipecac., which relieved most of the symptoms, followed by Arnica, which removed the entire group.

About a month after this he called, saying that for ten days he had been tormented with a constant floating of spots before the eyes, at times black, at others bright, and even dazzling—no other symptoms. I gave him Belladonna, and did not see him again in three weeks, when he said the trouble was slightly relieved for a day or two, and then increased; he ceased taking the remedy, thinking it might be an aggravation, but the trouble continued to increase, and after a week he resumed the remedy with no effect. The sight is gradually growing more dim, so that he cannot read or write, the words all run together, and he cannot tell a person across the room. There is considerable heat in the eyes and extending into the forehead; the floating spots are all black ones now; the pupil of the eyes slightly contracted, with this exception perfectly healthy in appearance, and there is no indication of former troubles. I had just received the number of the *Review* containing Dr. Payne's article, and determined to try the Gelseminum; I accordingly prepared and gave him of the 6th and 30th dilution, a dose of the 6th each morning, and of the 30th each evening. I did not hear from him again in several weeks (he being fifty miles from me), when he wrote me that in two days from the time he commenced the remedy he could see an improvement, when he, according to my directions, omitted the remedy, and in two weeks every trace of the trouble was removed, and he was able to resume his studies and labours. I saw him some month or two after this, and he remained perfectly well.

Woorarroo and Strychnine.

The foreign correspondent of the *Lancet* says that Professor Villa, guided by the experimental researches of M. Claude Bernard, had completed a course of investigations, in order to test the alleged antagonistic powers of Wooraroo and Strychnine, and that his investigations had considerably strengthened the belief, already prevalent, that the two agents stand in relation to each other as poison and antidote. It would now appear that M. Thiercelin has advanced a step further, and struck by the counteraction of the artificially produced convulsions by Wooraroo, has been led to administer the drug in the treatment of several convulsive diseases, more especially epilepsy, and with most marked effect. Particulars of two cases of epilepsy, which had resisted a variety of previous treatment, were laid before the members of the Academy of Sciences at their last sitting. One of the subjects treated by Wooraroo was a young man, aged 23. In him the disease was hereditary and congenital. The patient had passed four years at Charenton, and was accounted incurable. The number of attacks during the month amounted to twenty, whereof the greater part were most severe. The second case was that of a girl of 17, a sufferer from epilepsy for eight years past, and during the last twelve months subject to daily fits. Under the influence of the Wooraroo treatment (the drug being applied daily in doses varying from half a grain to a grain to the suppurating surface of a blister), the attacks diminished in frequency, so considerably that in the first case they fell in number from twenty to five per month, and in the second from twenty-nine or thirty to eight. Not only did the frequency of the fits decrease, but a striking general improvement occurred in the health of both patients, and a marked diminution of the nervous irritability always accompanying epilepsy was also noticed. Unfortunately the stock of Wooraroo ran short; nevertheless, the results obtained were decidedly of a nature to encourage other practitioners in following in the footsteps of M. Thiercelin.

Æsculus Hippocastanum.

In Vol. XVIII., p. 188, we gave an account of a proving of horse chestnuts by Dr. Buchmann, and we now present our readers with a tolerably complete schema of the recorded pathogenetic effects of the medicine from the *American Homœopathic Review* for October 1860.

Symptoms.—Compiled from eighteen provings, by eight persons. The figures indicate the number of times the preceding symptom was mentioned by the prover.

General Symptoms.—Feeling of extreme illness; great weakness; totters when walking (2); weariness (3); fatigued feeling, as from a long walk; sensation as if she would faint; general feeling of málaise; duration of action from two to six hours.

Sleep.—Inclination to sleep; yawning and stupifying sleepiness; constant yawning (2); falls asleep when sitting; sleep for a quarter of an hour; slept well.

Fever.—Chilliness and goose-skin; attack of rigor, lasting ten minutes; cannot get warm; rigor for half an hour; rigors; general perspiration; heat in the whole body.

Sensorium.—On waking cannot recognise what she sees; knows not where she is, nor whence come the objects about her (2); inward cheerfulness and placidity of temper.

Head.—Feeling as if a board were on the head; aching in the forehead; feeling as during a cold in the head; sensation as if intoxicated; confusion of the head (2); giddiness; vertigo, with sensation of balancing in the head; formication in the front of the temple; heaviness in the head; heat in the head and eyes; headache over the left eye (2); headache over the right eye; dull pains in the head, here and there, chiefly in the right temple and occiput, followed by dull stitches in the forehead; throbbing in the right frontal eminence; fine stitches in the left temple; dull pain in the left temple; sharp pressing pain in the right temple; dull stupifying pain in the head; dull pain in the occiput (3); bruised feeling in the occiput; heat in the integuments of the occiput (3); heat extending from the occiput to the ears (2).

Eyes.—Burning in the internal canthi; burning and stinging deep in the left orbit, as if the pain surrounded the eyeball; weight and heat in the eyes; coldness in left eye; jerking in the right eye; quivering of the lids; lachrymation (2); flickering before the eyes (2); can see well at a distance; can read without spectacles, which she could not do before.

Ears.—Burning of the ears; heat in the occiput extending to the ears.

Nose.—Severe fluent coryza (8); burning in the nostril; raw feeling throughout the whole nasal cavity; the nasal mucus becomes watery; thin mucus from the nose causing a frequent use of the pocket handkerchief; dry feeling and sensation of heat in the nose, especially its point, as when a severe coryza is about to come on; disposition to sneeze; feeling as after having taken a pinch of snuff; formication in the nose (3); sensitiveness of the nasal mucous membrane to the respired air (3); the respired air causes a feeling of coldness in the nose (2); drawing in the right nostril as in violent coryza; twisting sensation in the front part of the nose; shooting pain in the nose.

Face.—Looks ill; pale miserable appearance (2); flying heat, and redness of the left side of the face (2); burning in the left cheek.

Mouth.—The taste was something like that of aloes; bitter taste (3); coppery taste, acting as an astringent in the mouth and œsophagus; at first bitter, then sweet; sweetish taste (6), as after taking Dulcamara, like liquorice; burning in the mouth (3); biting and stinging at the tip of the tongue; increased flow of saliva (9), producing an inclination to swallow.

Throat.—Contractive pain in the throat (2); sort of constricted scraped sensation, causing a disposition to hawk; irritation in the throat and œsophagus; all the throat was excoriated and constricted; dryness and contraction of the throat; dryness in the throat; burning in the throat (12) like fire when swallowing; at one time slight, then severe, with raw feeling; constant shooting and raw pain in the throat; scraping sensation in the throat; the mucus in the throat becomes thinner; hawking of thick (2), afterwards watery mucus; frequent call to expectorate mucus, which becomes watery; the mucus in the throat excites a cough; tickling in the throat (2) causing a cough; inclination to swallow; formication in the fauces; dull pressing and pricking in the fauces; biting and stinging pain in the fauces; stinging and burning in the soft palate, and posterior nares; increased pain in the throat, after eating a grape.

Stomach.—Nausea (15); retching (2); inclination to vomit; violent vomiting; burning in the stomach (4); heartburn for half an hour; water-brash; eructations of wind (16), of mucus; of thick mucus; of viscid mucus (3); empty eructations; flying heat before the eructation; fulness of the stomach (3); periodical tightness in the scrobiculus cordis, with laboured breathing; twisting in the scrobiculus cordis; pressure as from a stone in the pit of the stomach; sensation as if a stone lay on the scrobiculus cordis; aching and rumbling in the stomach; cutting stomachache; the aching in the stomach extends downwards; comfortable feeling in the stomach; hunger.

Abdomen.—Constricted feeling in the bowels; cramplike constriction in the bowels, followed by stool, (the fourth time); griping in the bowels (2); cramps in the bowels; motions preceded by pain in the bowels; pinching below the naval; fine pricking pains around the umbilicus (2); cutting pain around the umbilicus; pain from the bowels to the small of the back; burning in the bowels; pressing downwards, in abdomen; rumbling in the bowels, half an hour, without pain; distension of the abdomen; pain in the hypochondria, through to the back, especially on inspiration; tearing pain in the *right* side; shooting in the *right* side, above the hip, deeply seated; colic, with pinching pains in the *right* hypochondrium; stitches in the *right* hypochondrium; stitches in the *left* side; fine stitching in the *left* hypochondrium; dull pressing pain in the *left* hypochondrium; cutting in the *left* inguinal region; rumbling in hypogastrium.

Stools.—Eructations of wind with desire to go to stool; three moderate fæcal evacuations half an hour after taking the drug; four loose evacuations within a quarter of an hour; in two hours several thin evacuations.; in two hours after taking the drug, two moderate evacuations; constant urging to stool, after two hours; pressure in the rectum, with desire to go to stool; ineffectual efforts to stool; difficult scanty stool; difficult hard stool, followed by burning and constriction in rectum; constriction in the rectum (2); itching in the anus (2), with raw feeling; stool of a mixed character; two liquid motions, preceded by griping; motions preceded by pinching in the bowels; frequent expulsion of flatus (2); the usual stool did not take place (2).

Urine.—Shoots in the orifice of the urethra; call to urinate; on two occasions, at short intervals, urging to urinate.

Genital Organs.—Leucorrhœa; burning in the mammæ.

Larynx.—Hoarse voice, speaking brings on a cough; short cough, increased by swallowing and breathing deeply; the mucus in the throat excites a cough (2); tickling in the larynx, causing a cough, with mucus expectoration; cough from irritation; dry cough; repeated cough; dryness in the larynx; frequent call to expectorate mucus which becomes watery; pressure in the throat pit as if something had stuck there which required to be expelled.

Lungs.—Hot feeling in the chest, with cold rising up (2); burning and heat in the chest; raw feeling in the throat and chest (2); warm feeling in the chest; shooting pain in the sternum; pains in the sternum, as if a piece were torn out of the chest; sudden stitches throughout the chest; pains in the right scapula, and in the left side of the chest, increased on inspiration; rheumatic pain in the right scapula; on the right side of the chest a sensation as if the lung painfully moved up and down at each respiration (2); increase of the pain on drawing a deep inspiration; pain in the chest alternating with pain in the abdomen; stitches leave the left side of the chest and go to the right; twitching from the chest to the left shoulder; tightness in the chest (6); labored breathing (2); palpitation of the heart (4), severe, periodic, frequent, with great anguish.

Upper Extremities.—The arm and hand on the left side become strikingly warm, and feel as if they were heavier and swollen; heat in the shoulders; burning in the palms of the hands, and soles of the feet; constant jerking in the right arm; tearing and jerking in the right arm; paralysis of the right arm, cannot raise it.

Back.—Pains in the small of the back, and lame feeling; pain extending from the abdomen to the small of the back (2); weariness in the small of the back; tearing pain in the back; lameness; and sensation as if strained in the right lumbar region, extending to the gluteal muscles; heat in the back of the neck and shoulders; weariness in back of the neck; lameness in back of the neck (2).

SUMMARY.—The following are prominent symptoms;

General Symptoms.—Weariness, faintness.

Sleep.—Sleepiness.

Fever.—Rigors, chills.

Head.—Confused dull aching pain, as if from a cold.

Eyes.—Burning heat, as if from a cold.

Nose.—Severe fluent coryza,

Mouth.—Increased flow of saliva.

Throat.—Burning, raw, stinging, dryness.

Stomach.—Eructations, nausea.

Abdomen.—Colic, cramp, constriction.

Stools.—Diarrhœa, burning, constriction, pressure, tenesmus and itching in the rectum, indicate the utility of this drug in hæmorrhoids.

Larynx.—Laryngitis?

Lungs.—Bronchitis? asthma? palpitation?

Back.—Pains and lameness in the small of the back.

These symptoms indicate a wide range of influence. They exhibit decided action upon the mucous surface of the air passages; upon the stomach, bowels and rectum.

CLINICAL PROVINGS.

I.—Dr. H. M. PAINE—have been subject for several years to occasional attacks of hæmorrhoids attended with little hæmorrhage, although considerable pain, aching, swelling and rigid hardness of the rectum. The paroxysms usually accompany constipation. The pain commences about an hour after an evacuation, and continues from two to six hours.

About ten grains of the crude nut finely pulverized were placed in a half ounce vial of alcohol and water in equal parts. Of this ten or twelve drops were taken nearly every evening for about five weeks, commencing August 11th, 1860.

The piles were uniformly relieved after three or four doses. Observed on two or three occasions, that when the remedy was discontinued for a few days, the symptoms soon returned. It is now four months since all symptoms of the disease disappeared. No other effects were discovered.

II.—Dr. J. C. RAYMOND has been suffering severely from hæmorrhoids for ten or twelve days, with a constipated state of the bowels, and severe pain in the tumors, making it very unpleasant to stand on my feet or walk. Also more or less nausea; loss of appetite, furred tongue; a sensation of fulness about the navel; flatulent pains in the bowels, and very dark stools. About two weeks previous to the attack of hæmorrhoids had a severe attack of bilious colic, which was relieved by Colocynth, Chamomilla and Mercurius sol.

On the morning of June 13th, 1860, took 200 pellets of the sixth centesimal attenuation of Æsculus. The only symptom referrible to the drug was an irritation of the throat and œsophagus, a sort of constricted scraped sensation, causing a disposition to hawk, this occurred about an hour after taking the drug, and continued for several hours.

Continued the remedy for several mornings in succession. The piles are entirely relieved; the bowels act regularly; the appetite fair: nausea and flatulence gone; and in short, enjoy my usual standard of health.

III.—Dr. L. B. Wells, of Utica, has employed this remedy in all cases of hæmorrhoids occurring in his practice during the past two years, and generally with very good results.

*Proving of Nitro-Glycerine, Glonoine.**

By Wm. E. Payne, M.D., Bath, ME.

For the main features of this proving, it is proper to acknowledge my indebtedness to our late lamented colleague, Dr. J. G. Wood, of Salem, Mass., and Dr. Isaac Colby, of Concord, N.H.

When about to sit down to dinner, Dr. Wood, from mere curiosity, touched his tongue to the open mouth of a small vial containing the first decimal dilution of the drug. No results were anticipated. The proving, therefore, is all the more reliable and interesting; and every symptom, both subjective and objective, may be safely regarded as the effect of the drug uninfluenced by the imagination.

The first and immediate effect was a lightness and buoyancy of the body as from the inhalation of ether, followed immediately by a full, crowding, pressing sensation in the brain, accompanied by dizziness and whirling; entire loss of appetite, though strong five minutes before taking the drug. Head felt enormously large; great mental agitation; pulse, ordinarily 64, immediately went up to 96; trembling of the hands and arms, unable to hold the knife and fork steadily. The pressure in the brain gradually increased, so that in the space of ten minutes it seemed on the point of bursting. Visionary objects passed before the eyes; great difficulty in conversing from diminished power of the tongue and confusion of ideas; pulse rapidly ran up to 130, and carotids pulsated violently. Cracking sensation in the brain, obliging him to hold on to the head during every movement to prevent an apparent threatened rupture of the cranium. Confusion of ideas so great he could not tell where he was; pain in the head intense, most severe in right side. Obliged to lie down; recumbent position most comfortable. Immediately fell into a heavy sleep, from which he was soon aroused by a professional call. When

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From the *Proceedings of the 17th Annual Meeting of the American Institute of Homœopathy.*

rising, pain and pressure in the head so severe he could not stand; obliged to lie down again for a few moments. Pulse now 140; went out to attend to professional calls; somewhat relieved in the open air, and though still greatly confused, scarcely knowing where he was or what he was about, yet, when his attention was fixed by an effort of the will, remembered his patients perfectly, all their symptoms, and the medicines prescribed without once mistaking. Shocks in the brain, synchronous with every pulsation of the arteries. On returning home attempted to lie down, but could not on account of increased pressure and throbbing in the brain, which were now so much increased, on attempting to assume a recumbent position, he was obliged to hold on to the head to prevent a rupture of the cranium. Frantic; could neither lie, sit or walk, but pitched about like one intoxicated, incapable of controlling the muscles of locomotion. Cold water, now poured upon the top of the head, produced spasms which ended in vomiting, after which (seven o'clock) became comparatively easy for a few moments; very soon, however, pressure and throbbing in the brain returned, and continued to increase till a second vomiting; followed, as before, by a considerable relief for a few moments, after which the pressure and throbbing again returned, followed by a third vomiting. A cup of warm tea, now taken, seemed to afford decided relief; relief, however, but of short duration. Took Camphor at three o'clock and Belladonna at five o'clock, but without any relief. Used a cold bath at nine o'clock; went to bed and slept uninterruptedly till six o'clock on the following morning. On rising, felt very weak; no appetite for breakfast; head full and dizzy. At ten o'clock, A.M., general sick, weak feeling, with pressure and fulness of head. No appetite for dinner. All symptoms of previous day increased till three o'clock P.M., then gradually diminished. Slept sound and undisturbed as on the previous night.

Third day. Symptoms less severe, but same in character. Head symptoms commenced about nine o'clock and steadily increased till three o'clock, then gradually diminished as before. Third night. Sleep disturbed, full of dreams, constantly occupied, during sleep, with professional duties. Dispirited and apprehensive.

The symptoms occurred, in the above order, for several successive days, but every day less intense till they finally disappeared.

According to the testimony of others, the general appearance was like that of one intoxicated. Frequently asked if he should die, and what would be done with him. None of these questions can be remembered.

June 17th, 1856, at 10 A.M., Dr. Colby took two drops of the first dilution (decimal ?). First and immediate effect, confusion of ideas and loss of strength. Sight and hearing both affected, indistinct. Fulness and pressure in fore-part and top of head, with throbbing, pulsation, and confusion of all the senses. Sensation of balancing, requiring a constant effort to keep the head erect, which inclined to drop as on going to sleep. Undulating sensation, increased by every turn of the head. Sick, faint, death-like sinking at the epigastrium, with nausea, such as results from excessive dizziness induced by rapid whirling of the body. Great weakness in middle portion of thighs and arms. All the symptoms continued two hours without abatement, when the inhalation of Camphor seemed to mitigate some of the symptoms, but the more prominent remained uninfluenced. At the expiration of four hours, fulness and throbbing of head continued unabated, together with dull headache, which appeared rather to increase till retiring for the night. Awoke on the following morning with the same fulness and throbbing, which occupied the whole fore-part of the head and appeared to be deep-seated.

The above are unmistakable and remarkable results. They show, with a degree of certainty, that the primary impression of the Nitro-glycerine is upon the *cerebro-spinal* organs. The pain, dizziness, whirling, pressure, throbbing, fulness, confusion of ideas, shocks, undulation, sensation of balancing, impaired sight and hearing, &c., all point directly to the encephalic mass as the seat of the primary impression; whilst the rapid varying of the pulse, throbbing of the carotids, diminished appetite, death-like sinking at the epigastrium, nausea and vomiting, muscular trembling, spasms, weakness, &c., as strongly indicate the consecutive effects of the drug upon other organs through the great sympathetic.

All the provings of this drug, that have come under my observation, point directly to the nerve mass as the seat of attack. In all but two of the twenty-six observations, published in the *British Journal of Homœopathy*, by Dr. Dudgeon, on the pathogenesy of Glonoine, we find the first development of symptoms in the encephalic mass. In one of the exceptional cases, the catamenial flow appeared, out of its usual course, soon after taking the drug; but a hot bath, used at the time, renders it probable that this morbid phenomenon was the result of the bath and not the Glonoine, and this presumption is strengthened when we learn that the same prover subsequently took Glonoine for the purpose of testing its pathogenetic power, and immediately experienced the throbbing headache as first exhibited in nearly every prover and which is so characteristic of the drug.

If we turn our attention to clinical records, and study the cases in which the drug exhibited unmistakable curative effects, we shall see that the diseases not only had their origin in the nerve mass, and more especially in the brain, but we shall see an exact similarity in the character of the drug symptoms and the symptoms of the diseases in which it proved curative. The character of the head-ache shows that its origin is in the encephalic mass, and not in a remote organ or tissue. A Glonoine head-ache is throbbing, with fulness and upward pressure, and a sensation as if a ligature were drawn tightly around the neck; and there is often connected with the above symptoms, disturbance of the circulation, palpitation of the heart, nausea, and perhaps vomiting. But the palpitation of the heart, throbbing of the carotids, rapidity of pulse, nausea and vomiting seem to be consecutive effects, indicating a more general implication of the organism. When we find that palpitation of the heart, throbbing of the carotids, nausea, vomiting, &c., chronologically considered, are subsequent to the throbbing head-ache, or subsequent to such symptoms as lightness or dizziness of the head, which precede the throbbing head-ache, then the indication for the use of Glonoine may be regarded as well marked, and we may administer it with implicit confidence. In no other form of palpitation of the heart, in no idiopathic affection of the stomach, indicated by death-like sinking, or nausea and vomiting; in no case of disturbed circulation dependent upon a primary affection of the circulatory system, or any tissue other than the nerve mass, do we regard Glonoine as homœopathic.

In *Coup de Soleil*, or sun stroke, which results from the impression of the sun's rays primarily affecting the encephalic mass, we should expect much from this drug; and the three only cases reported by Dr. John Fox, in the *Philadelphia Journal of Homœopathy*, vol. iii. p. 356, show us that our expectations are not misplaced. The prompt action, in the above-named cases, exhibit the remarkable power of Glonoine over this fearful and hitherto unmanageable disease.

In threatened apoplexy also, and even when the fit has already supervened, this drug stands foremost in the encephalic group of remedies, provided the attack is dependent upon an idiopathic affection of the brain, either from the operation of external agencies or mental influences.

It is true clinical observations have been reported which appear to negative this view of the subject. For example, cases of disordered menstruation, and frequently recurring attacks of fever during utero-gestation, have been reported, in which this drug appeared to be remarkably efficient. But in all such cases that have fallen under our observation, we have invariably traced them either to violent mental disturbance, or depressing and long continued grief.

We believe that Nitro-glycerine, or Glonoine, is homœopathic to such diseases only as have their origin on the brain, and which exhibit primary and consecutive symptoms similar to those produced by the drug in the healthy organism.

In conclusion we take pleasure in referring the members of the Institute to the valuable and extensive provings of this singular drug as published by our indefatigable colleague, Dr. Hering, which exists at present only in the German language.

CLINICAL RECORD.

Case of Caries of the Lower Maxilla,

By Dr. Markwick.

Richard L., aged 23, clerk. Previous history.—About nine years ago, viz., towards the end of 1851, he suffered acutely at intervals from odontalgia and swelling of the gums on the right side of the lower jaw. In March of the following year these symptoms increased greatly in severity, the cheek became much swollen, and after three weeks of incessant pain, during which period he had scarcely any sleep and could take but very little nourishment, the swelling burst *internally* and discharged a large quantity of matter. He soon afterwards recovered and resumed his usual avocations. At the expiration of a few months he had a relapse; the pain was intense, and the swelling of the cheek and gums very considerable. On this occasion however the abscess burst *externally* and soon healed. In a short time, a small pimple formed over the opening, which swelled and discharged a good deal of matter. It was not painful, but continued alternately to swell and discharge during the early part of 1853, when it assumed the appearance of a raw fleshy substance about the size of a small marble. It now became very painful, and was affected by the slightest cold or any excitement. His general health also began to suffer and he became a patient of Dr. Coffin the herbalist. He appears to have continued under his treatment at intervals during 1854, 1856, 1857 and 1858, without any improvement in the local symptoms. " At the latter end of 1858," he writes, " I was advised to put myself under Dr. Oldham, who professed to cure abscess, &c. without any surgical operation. His treatment consisted of a weekly dressing with some burning liquid which gave to the part a yellow appearance and a pain resembling the sting of the bee. It was apparently kept stationery by this treatment, but it never entirely healed. I then discontinued further attendance at Dr. Oldham's, and after a time it healed but gave me more pain than when discharging. Shortly after this it again burst forth, and with increased suffering and weakness. It continued healing and breaking out until the Autumn of 1859, when I placed myself under the homœopathic treatment, but with very little encouragement."

Jan. 18th, 1860. He comes under my notice to-day for the first time. Present symptoms. On the right cheek corresponding to the bicuspids of the lower jaw of that side there is a small spot, rather larger than a sixpence, where the skin is very thin, red and shining, and from being adherent to the jaw has a dimpled appearance. In the centre of this dimple there is a fistulous opening through which a thin whitish matter, and sometimes the saliva is discharged. On internal examination the cheek is found to be firmly united to the jaw at this part. He has pain in the cheek and in the corresponding teeth, which are decayed, and will doubtless have to be removed before any permanent benefit will be derived. He is anxious however, first to try the effect of medicines, his general health being good, but spirits at times rather depressed. I therefore ordered him

Merc. sol. 6 ter die.

25th. Much the same, pain rather less.

Repeat the medicine.

Feb. 1st. The discharge has ceased, but the opening has not quite healed. He is free from pain.

Merc. sol. 12 bis die.

15th. The fistulous opening is quite healed, and he is more cheerful.

Sulph. 30, one dose at bed-time.

22nd. Says he has had a burning pain in the cheek the last few days.

Arsenicum 12 ter die (prodies quatuor).

March 7th. The burning pain was entirely relieved by the Arsenicum. A fleshy growth now occupies the fistulous opening. It is painful and threatens to suppurate.

Merc. sol. 6 ter die.

14th. Suppuration has taken place, fluctuation being quite evident. He complains of a burning and itching in the part.

Phos. 6 ter die.

21st. The abscess has broken and discharged a thick matter. The discharge still continues but it is thinner.

Phos. 6 ter die.

28th. The ulcer has healed. He was now advised to go to the Dental Hospital, and have the decayed teeth extracted.

May 2nd. Has had three teeth extracted. He says that for three days after their removal he had a most offensive rusty coloured discharge from the alveola which tasted like iron. He is now free from pain and the cheek is tolerably sound, though still adherent to the jaw. He continued quite well for upwards of five months, when on

Oct. 20th, He again returned, complaining of pain in the cheek, which is more indurated and more adherent to the jaw than it was in May last.

Silic. 12 bis die.

31st. Soon after his last visit the cheek became considerably swollen and very painful, and at length began to discharge profusely. To-day the pain and swelling have very much subsided, but there is still a slight discharge of thin matter.

Silic. 18 bis die.

Nov. 10th. The ulcer has again healed. He complains of its being painful and very sensitive to cold.

Silic. 18 bis die.

24th. The ulcer continues healed. There is a slight internal discharge.

Sach lactis pro dies vj.
dein Silic. 30, omne alterna nocte.

Dec. 8th. He is now quite well. The cheek is quite sound, and the skin much firmer. The dimple of course still remains. I advised him to continue the Silica as before for a week or two.

I saw this patient a short time ago, and there is not the least symptom of a return of the disease. He has no pain in the part, the only inconvenience being the old adhesion of the cheek to the jaw.

A New Anæsthetic.

Mr. John Wilmhurst M.R.C.P., in a letter to the *Lancet*, recommends the Ol. terebinthinæ rect. as " a new anæsthetic," and gives the following cases as examples :—

Mrs. H———, matron on board the emigrant ship Indiana, of which I was then surgeon-superintendent. About twelve months ago, having exhausted my little stock of chloroform, and the patient suffering from violent neuralgia in the course of the supraorbital nerve, it occurred to me that of the remedies at hand, the most likely would be the vapour of turpentine. This I immediately applied, sprinkled on a handkerchief, to the nostrils, similarly to chloroform, and was surprised to find it not merely soothe and allay the pain, but, after a few inhalations, produce a gentle sleep and state of anæsthesia, from which she awoke without any headache or other unpleasant symptoms and quite free from pain.

I may mention, without going into detail, that I have since tried it in one or two slight but painful operations, as extracting a broken needle from a sensitive part, and in some cases of cramps, convulsions, nephralgia calculosa, &c. Its effect seems to allay nervous irritation, spasm, and pain, without deranging the action of the heart, and to produce a calm, anæsthetic sleep.

OBITUARY.

George Stevenson Knowles, M.D.

It is with much and sincere regret that we announce the death of Dr. Knowles, late of Wolverhampton. He died at Manchester, on the 13th ult., at the house of his friend, Dr. Galloway, whom he was visiting. For several years he had suffered severely from rheumatism. Since January 1860 he has been compelled to relinquish practice entirely; attendance on patients during the previous twelvemonths having greatly increased and tended to perpetuate his sufferings. Rheumatism, with probable disease of the heart and kidneys, and latterly ascites and anasarca, had completely laid him aside. During the last few months, however, under the kind and judicious advice of Dr. Galloway, he had so far rallied as to indulge the hope that in one of the milder parts of England he might resume his professional duties. This hope was suddenly dissipated by a severe attack of catarrh, with fever of a violent inflammatory type, that rapidly became typhoid, and terminated fatally within five days. His remains are interred with those of his first wife, in St. Mary's Churchyard, Birkenhead.

Dr. Knowles was the second son of Sheridan Knowles, Esq., the distinguished dramatist, and at the time of his death about forty years of age. He commenced his medical career under Mr. Ayre, surgeon, of Barnsley; subsequently removing to the Belfast medical school and the University of Edinburgh, where he graduated in medicine on the 1st of August 1851.

The rejection of Mr. Pope, on account of a supposed bias towards homœopathy during the examinations of this year, having attracted considerable attention towards the so-called "heresy;" Dr. Knowles, from his intimate friendship with Mr. Pope, was led to feel a peculiar interest in it. After graduating, when visiting some connections in the north of Ireland, he was strongly urged to settle in the neighbourhood of Belfast, a dispensary appointment being offered him as an inducement to do so. The acquaintance he already had with homœopathic principles was, however, such as to render him particularly anxious for opportunities for observation of their practice. He therefore, without hesitation, gave up his practice in Ireland, and at the Manchester Homœopathic Hospital he earnestly and clinically examined the claims of homœopathy. Here he had the advantage of seeing daily large numbers of cases, and amongst them many of a very formidable nature. The interest he felt in all was great, and his proficiency in the Materia Medica rapidly increased. After several weeks residence in Manchester, he applied for and secured the appointment of house-surgeon at the Birmingham Homœopathic Dispensary, then under the care of the late Dr. Fearon and Messrs. Parsons and Lawrence. Having admirably fulfilled his duties at this institution, gaining both the esteem of his colleagues and the gratitude of the poor, he entered on private practice in the neighbourhood of Wolverhampton in the year 1853, where he remained until ill health necessitated his removal about eighteen months ago. After the first year of his residence here his practice rapidly increased, and gave promise of attaining a very considerable extent, had his health permitted him to devote the requisite time and attention to his duties.

Though possibly less known to medical homœopathists than some of his brother practitioners, by those who were intimately acquainted with him, no one was more thoroughly or justly esteemed. The interest he ever manifested in the welfare of all his patients, whether rich or poor, secured for him their affection when going in and out amongst them, and their warm sympathy with him when sickness deprived them of his professional assistance. As a physician, Dr. Knowles was an acute and skilful diagnostician; his knowledge of the Materia Medica pura, which he was constantly studying, was considerable, and his success in practice proportionately great. Had his health permitted him to work as his talents would have enabled him to do, as his faith in and admiration of homœopathy would have urged him to do, Dr. Knowles would have added much to the scientific reputation of the small body of practitioners with whom he was connected. Though this has not been his lot, he will always be remembered by those who knew him as a highly honourable gentleman, a warmhearted friend, an acomplished physician, a kind and skilful medical attendant.

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The Prevention of Spinal Curvatures, by M. Roth, M.D. London: Groombridge. 1861.

Diphtheria, its Pathology and Treatment, by W. Morgan, M.D. London: Turner. 1861.

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WM. DAVY AND SON, GILBERT STREET W.

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OF
HOMŒOPATHY.

ON THE PATHOGENESY OF ACONITE: WITH CLINICAL OBSERVATIONS.

By J. H. NANKIVELL, M.R.C.S., Penzance.

"Trahit quodcunque potest et addit acervulo."

IT is somewhat remarkable that, about forty years since, I was induced to make my first experiment in drug-proving, with the noble medicine which is the subject of my essay; and it happened in the following manner:—A young companion, who had somehow become acquainted with the effects of Aconite, brought me a few seeds of the plant, and requested me to chew them: this I did, and have still a vivid recollection of the numbness and tingling which I felt in the tongue and lips for several hours. Luckily, none of the seeds were swallowed, or the upshot of the experiment might have been of a more grave character. After this, thirty-eight years rolled by, during which time I heard but little of Aconite. Year after year I saw it flowering in the gardens; now and then one heard of it or read of it in lectures and treatises on botany; occasionally it was mentioned in allopathic journals, as being a useful sedative in the form of tincture; and even rumours of its administration in infinitesimal quantities, by a set of *enthusiasts* styled homœopaths, did sometimes reach us in our obscure home, accompanied with such contemptuous expressions respecting homœopaths in general, as the writers in said journals supposed would please the intellectual tastes of their readers. In the year 1859, and in the month of March, one of my patients, who had derived great benefit from homœopathic treatment, begged me to study the system of Dr. Hahnemann, and argued thus:—"If you do not give it a trial, you never can know whether it is true or false. As yet, you have believed it to be a fallacy, because many people say it is; on the other hand, many distinguished physicians receive it and embrace it as a great truth; and so it may be true, after all." From that moment, I resolved to give the canon, '*similia similibus curentur,*' a fair field and no favour."

In looking back through the pages of the *Monthly Homœopathic Review,* I find that, in the number for November, 1859, I have recorded (in petto) my first cases; that the first was one of rheumatic fever, quickly relieved by Bryonia; the second a case of diphtheria, beautifully cured by Belladonna (how is it that one's first cases should be always some of one's best?); and that it was not until I had to treat my third patient, that Aconite was made to play its part. Well do I remember how charmingly it behaved—how nobly it comported itself—how thoroughly it ingratiated itself with me.

It may be enquired: Has this pet medicine never failed you? has it always done your bidding so deftly? Alas! no. If it had, I should be a lighter-hearted man than I now am; but monkshood will not cure every inflammatory disease; it will fulfil its function—bring down the pulse, render the skin cool and perspiratory, check the fury of a fever, and work wonderfully, but oftentimes another medicine is required after it, which shall be definitely curative, and, as it were, specific. An eminent physician once told me that he had attended a patient suffering from acute congestion of the brain; he gave Aconite and Belladonna, which produced only a certain amount of mitigation of fever symptoms. The head symptoms, however, were radically untouched; and he noticed, in connexion with these, that the mental manifestations corresponded, to a remarkable extent, with those given in the pathogenesy of Paris quadrifolia. He administered that medicine, and the patient was in an hour or two out of all danger, and made a rapid recovery. I remember, when I was a medical student at Guy's Hospital, hearing a fellow-student declare that, with his case of lancets, and a supply of calomel, opium, and antimony, he would undertake to treat any case of severe disease of an inflammatory character. He has learnt better since; but somewhat after the same fashion, anyone who is inexperienced in homœopathy may rashly suppose that, with Aconite, Belladonna, Bryonia, and a few others, he can restrain the most formidable disorder. This is a mistake. Aconite will do all it promises to do. Question it; enquire of it; put it to the test; prove it; mark its behaviour as it courses through the veins and impresses the nervous system of a healthy person: it will cause changes, deviations from the normal condition; it will produce, for instance, burning of the lips and tongue; numbness of the tongue and lips, even when applied locally to those parts, as my early provings have convinced me; it will also cause (there can be no question) all the symptoms in the healthy subject which are attributed to it in our standard works on the materia medica. The multiplied experience of a host of honest, trustworthy, and intelligent physicians and other highly educated men of every profession, has convinced them that Aconite is a reliable drug in the cure of tantamount affections and symptoms appearing in the course of natural disease.

It is not at all necessary in this little treatise that I should give a history of Aconite, this has been well done by Hempel and others, my object is after two years experience of its great efficacy in controlling disease, to bring my mite of testimony in its favour to render the study of it more attractive to beginners by interspersing clinical remarks.

To begin, and taking as our guide Hempel and Quin's edition of Jahr's *Symptomen Codex,* we find in the order of symptoms those of mind and disposition. We have the following sentence marked with an asterisk and printed in italics to show how frequently the symptoms have been experienced by provers, and further how very generally such conditions arising in natural disease have been cured by Aconite.

(" * *Inconsolable anguish; fears and apprehensions, accompanied with entire absence of courage, confidence and energy of character; despair; loud moans and lamentations; bitter complaints and reproaches.*")

Every physician of experience must have seen counterparts of this graphic picture, have noticed the sad declension of a sound mind,—anguish replacing cheerfulness; fear superseding joy; cowardice courage; pusillanimity confidence; despair in place of hope; moans and reproaches instead of cheerful greetings. What have we here but the first stage of insanity? or, of what is almost as bad, of maniacal hypochondriasis. Such conditions when not arising from hereditary taint are often brought on by unsatisfied ambition, pecuniary losses, and the bewilderment and agitation of the insubstantial mind under most harassing circumstances, and cannot fail to tell heavily on the delicate nerve tissues with which it is in relation, and as it were united, and soon a change takes place in the state of the capillary circulation, too subtle to be detected by the scalpel, but not the less real, and if the mind diseased is not ministered to with juice of Aconite or "Hebenon," or some medicine indicated by the symptoms; if the patient is bled, leeched, purged and placed on low diet, and all hygienic and sanatory indications are disregarded, then indeed chronic dementia may ensue. But the picture of moral symptoms above given may also be found, accompanying hysterical disease or religious extasy, or be induced by fright, or domestic affliction, as the loss of beloved children; in all such or similar diseases we have to regard the moral symptoms as of primary importance as a general rule, and the physical symptoms as only secondary, for the morale of a case rarely if ever deceives one as a guide to treatment.

("Great anxiety accompanied with trembling; palpitation of the heart; oppression of breathing; languor; congestion of blood to the head; redness and heat of the face.")

This sentence is not in italics, and therefore we are to conclude that its phenomena have not been so frequently remarked by provers as in the sentence first quoted. Nevertheless it is not without instruction. The first symptom is a moral one, all the others are physical, we must therefore take them in the connection in which they stand. It vividly reminds me of a case of threatened cholera morbus which occurred at Falmouth, in the year 1833, when the disease was so fatal in that town. The patient was treated with brandy and opium, and the attack was averted, but there can be no question that had Aconite been administered it would have checked the disease. Doubtless such a group of symptoms might be found to usher in other diseases, when there was no choleraic epidemic prevalent, especially in women of nervous hysterical temperaments. In the case referred to, the anxiety and fear of death were frightful to witness, and the trembling excessive; other cases of a similar kind ran on to severe cholera, some of them terminating fatally.

The next paragraph contains a sentence which also forcibly paints the state of the patient above referred to, viz.—(" *Moans and lamentations arising from the apprehension of her death being near ;* she mentions the day when she is to die; anguish of death,")—we have also apprehensions such as to stagger, to fall.

In May, 1861, I was consulted by a maiden lady, aged 56, who had this last symptom to a most exquisite degree, and that too without vertigo. In crossing a street she would stop midway with an indefinable sensation that she should fall as if she were a mass of wood or stone, as if she should fall all along; the impression quickly passed away, but it rendered her very timid at street crossings, more especially if carriages were near at hand. She appeared to derive some benefit from Aconite, but was only under treatment for a fortnight as she had to go on the Continent, and therefore I am not in a position to state that a perfect cure was effected.

(* " *He has doubts about recovering.*")

Such a presentiment although not always realized is very unfavourable; in disease of a sub-acute or chronic character the sufferers are often taunted by their friends with being nervous, and even physicians of experience are sometimes deceived as to the severity of such cases. I have heard a man labouring under mortal disease say, " Ah! I must die to convince people that I am ill." In many of these cases it is probable that Aconite would afford great alleviation. Most of the affections of this class are connected with real disease, often of a most obscure character, especially in females about the age of 50, who through life have had well disciplined minds, and have not been the subjects of hysteria, or megrim, or hypochondriacal affections. When the monthly periods are about to cease, the female organism is subject to the most protean forms of disease, principally of a congestive form, and it cannot be doubted that aconite is one of the most important remedies which we possess to combat such affections.

("Anthropophobia, misanthropia, dread of ghosts, vehemence, headstrongness, quarrelsomeness, sensitiveness with ill humour, and disposition to be offended at the least joke.")

In such conditions of exalted nervous sensibility, the physical manifestations are to be carefully watched and interpreted. Medical men are sometimes apt to consider these phenomena as forms of malingering, whereas the state of the organism which induces these morbid symptoms should be carefully studied, and the sufferers should be treated leniently and according to the rules of science and common sense. The disposition to take offence is often observed in persons addicted to drink; when much intoxicated they may be affected with boisterous mirth, but when coming out of the drunken state, they are apt to be very choleric and take offence at every thing and anything which may be said to them.

Should such symptoms as we have last quoted be manifested in a temperate person, they become more grave and important, as they indicate the outbreak of a latent psora, or, in other words, of an hereditary tendency to a perversion of the moral feelings, in short, to madness. The very earliest divergence from a healthy condition of the mind should be noticed and attended to as it indicates some change from the normal condition of the brain.

Hempel thinks that Aconite does not act much on the cerebrum itself, not so directly and powerfully as Belladonna, but these two in alternation would rarely fail to control an erethism or hyperæmia of the brain. In connection with this state the physician must not fail to inquire into the real and exciting cause of disease. A frequent source of insanity or craziness is a devotion of the mind to one absorbing subject. The mind requires variety of food as well as the body, and one great means of lightening its labours is to allow it a variety of occupation. Why is it that the passions, religion, or rather enthusiasm and fanaticism,—why is that ambition, the desire for riches, &c., should upset the minds of men? only because they become the be all and end all of life. Nothing else is thought of; the mind is kept at its fullest tension, and by and bye is overstrained and gives way.

("* *Great tendency to start as in affright:—noise and music are intolerable; the latter makes him feel sad.*"†)

Such a state of things has been often noticed in the early stages of brain disease, and perhaps in delirium tremens. Music was declared by some witty Frenchman, "a noise that was not altogether disagreeable," but to the aconite patient, although he may have been a fanatic for music, the most dulcet sounds have become now intolerable. It is true that such an intolerance may arise only from exalted sensibility in the ear itself, and the careful, painstaking physician who does not jump to a hasty conclusion for the purpose of captivating the bye-standers, but honestly exhausts every pro and con, will study and discriminate, remembering that in diagnosis consists nine-tenths of correct practice.

("He is absorbed in thought. Foreboding mind: he exclaims that his beloved has this moment sung the difficult passage which he had just executed himself.")

The last sentence of this proving might well have been omitted, as not likely to recur in practice, and therefore as having no useful bearing. The reverie and foreboding are phenomena of frequent occurrence, and should be borne in mind in connection with our drug, and bracketed therewith.

(" Silent grief and care. Ill-humour, want of disposition to undertake anything. In the day time he is like one deaf and dumb, he never answers a question. Entire absence of cheerfulness; he is desponding; every thing disposes him to weep.")

† I have at present under treatment a lady to whom music has become so intolerable, that she is prevented from going to church; the sound of the organ drives her into a state bordering on madness.

The first two sentences are en rapport, and have a moral relationship. Such states are often seen in persons who have met with great reverses, who from poverty have been compelled to discontinue the habit of drinking. During the period of life in which they had given way to sensuality and self-indulgence they were remarkable for an eccentricity closely allied to madness, and practised all kinds of wild freaks and pranks. They have now sobered down into sullenness and despair; they have had (lebensatt) life enough, and they drag out the remainder of their existence in some dismal hovel moping by the fire-side, occasionally moaning over by-gone days, or muttering to themselves about the unkindness of friends or relations, but always able to reply coherently to any question; in fact not truly mad, but hopelessly melancholic.

("Fitful mood, changing ftom one extreme to another; *now he is full of mirth, whistles and warbles a song; then he is disposed to weep; at times he despairs of his recovery; at times he is full of hope; at times he is delirious, at times in full possession of his intellect. Delirium, at times laughing, at times weeping; sometimes furious; delirium* especially at night, *sometimes with tendency to escape from his bed*.")

We have here presented to us a series of mental opposites, moral antipodes. There does seem to be some analogy and connection between these antagonisms, and the varying, irregular state of the pulse, and the sometimes slow, sometimes hurried respiration noticed in cerebral disease. Such opposite symptoms as we quote from the text, whether pathogenetic or not, whether ever cured or not by Aconite, may exist doubtless without true organic change, without real inflammation or congestion of the brain. But such "functional" irregularities can scarcely exist without some grave "spiritual dynamic change" in the brain, although that change may be one which the microscope or scalpel of the pathologist could not detect or explain. Despair of recovery is of grave import in acute diseases, but not alarming when there is hysterical complication as in the sudden transition from mirth to weeping. The manifestation of delirious phenomena is always alarming, but does not necessarily indicate a state of acute inflammation of the brain, for it not uncommonly arises from an insufficient supply of blood to the nervous centres, or rather from the circulation of poisoned, fevered blood through those centres. And in these days even allopaths do not resort to depletion for its removal, but rather give wine and stimulants. Had Cavour been treated by homœopaths or by allopaths of common sense, it is more than probable that Italy would not have to mourn his irreparable loss.

The last form of delirium, viz., *at night*, is often observed in continued fever, and is not of a very serious nature; but if it is accompanied with a tendency to escape from his bed—or still worse if there is a desire to be frequently removed from one bed to another, or from one room to another, it becomes very portentous. If the disposition to escape from bed arises from insanity, aconite might benefit, but in the advanced stages of fever it would be hazardous to use a drug against the depressing effects of which the exhausted powers of the system could scarcely bring about a healthy reaction. Night delirium seems to manifest itself when the fevered brain is busily at work spinning its crude fancies under the influence of imperfect sleep. It is painfully interesting to sit by the bed-side of a fever patient and mark the incoherent wanderings. With eye-lids half closed, spectres seem to pass hither and thither, seem to "come like shadows, so depart." The plough-boy drives his horses, the sailor is hauling ropes, the merchant is occupied on change, and with all of them every thing goes wrong, they are sorely troubled; if you arouse them they answer questions satisfactorily enough; but in a few minutes, if left to themselves are again utterly perturbic. When morning comes this delirium ceases, and the patient remains pretty tranquil through the day, again and again to be subject to similar wanderings for several nights. If a degree of deafness accompanies the delirium it is rather a favourable symptom.*

("Boldness of speech, with keen eyes; cold sweat on the forehead, and a scarcely perceptible pulse. Buffoonery as if crazy: he performs a variety of things with extreme haste and without reflection, and runs about the house.")

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* That the deafness is from depressed function in continued fever, is shown by the fact, that it is rarely permanent; whereas in measles and scarlatina, deafness of a persistent kind often results from organic changes in the auditory canals or structures.

This passage seems to represent forms of incipient insanity; and wise and happy is that man who has never by his own irregularities brought madness into his brain—madness *like* that here described—thrice happy that mother's child who may never require Aconite to counteract the effects of his own vice and folly, and well for those who in place of the unsteadiness of ideas above referred to, have the power of concentrating the mind entirely on any subject which may be presented to it.

SENSORIUM.—("The mind feels dull; inability to think, with sensation as if all the functions of the soul were performed in the pit of the stomach; unsteadiness of the ideas; weakness of memory; the head feels dull, empty, confused, as of a person who has been intoxicated.")

Such symptoms as these may not only be produced by Aconite, but also by indulgence in spirit-drinking, in sensual pleasures, or by having the mind overworked. In such cases a sort of moral paralysis exists: the mind cannot think, reflect, remember; the mind does not remember events which may have recently occurred; and such a state of things sometimes ushers in physical paralysis, either of the motor system, or of the organs of special or general sense. Such a state is not necessarily connected with irretrievable organic changes, but may arise, as maintained by Dr. Brown-Sequard, from—1, alteration in the quality of the blood; 2, insufficient supply of blood to the brain; 3, increased supply of blood, etc.

(* "*Vertigo most violent when raising the head; giddiness as if the brain were balancing to and fro, or with sense of reeling and intoxication; vertigo, and disposition to fall over to the right side, especially when shaking or turning the head, when rising from a seat, or when stooping*: * *with blackness before the eyes, or with sensation as if the eyes would close involuntarily.*")

When there is not a sufficient supply of blood, vertigo is increased when elevating the head. Some persons are unable to lift the head from the pillow without experiencing vertigo. Such cases are for the most part connected with anæmia. The next phase seems to indicate hyperæmia of the brain or its membranes. The tendency to fall to the *right side* may arise from affection of the left side of brain, but in the present state of our knowledge we are not able to refer all symptoms to their pathological conditions. The blackness before the eyes, perhaps, indicates a temporary amaurotic condition. The involuntary closing of eyes, whether amounting to complete ptosis or not, will always be a symptom of a grave character.

("* *Giddiness with nausea; qualmishness in the pit of the stomach, and weight of the head, especially the forehead, when stooping; giddiness and dizziness; giddiness with headache, both in the back and forepart of the head, most violent when stooping; apoplexia sanguinea? °encephalitis? acute hydrocephalus?*")

Many of these symptoms may exist with common recurrent cephalalgia; but where such a disease has not notoriously existed, the practitioner would be discreet to regard the concurrence of headache and giddiness with nausea as of grave import. In young children repeated vomiting, with a constipated state of bowels, is very commonly indicative of severe cerebral disease—disease, indeed, which is likely to go on to effusion of serum, and to terminate fatally; and in persons of advanced age the conditions recorded in last paragraph may be shadows of approaching apoplexy.

("He has lost the faculty of remembering dates; he finds it difficult to think; his sight frequently vanishes whilst making the effort; extreme absence of mind.")

These pathogenetic states are deeply interesting, especially that which states the loss of sight whilst attempting to think. The nervous energy, or normal state of circulation in capillaries necessary to its vigorous condition is wanting, and any call made by the psychical function for a share of this energy is at once manifested by a depressed condition of the parts situated somewhere between the origin and termination of the optic nerves. The whole passage seems to represent an asthenic, powerless condition of the nervous centres.

("Upon entering a warm room, he is seized with stupefaction of the senses and giddiness, as if he were intoxicated;

vertigo; he begins to reel; he feels as if he could not stand upon his legs; reeling sensation, as one experiences after having struck the occiput in a fall; the scintillations which he sees before his eyes while walking in the street make him anxious and giddy, so that he imagines all the time he is running against the persons he meets.")

There can be no reasonable doubt that if aconite were promptly administered for symptoms similar to the above, many attacks of apoplexy or paralysis would be prevented or postponed. There are some persons who see disease of liver in everything; and mistakes of the most grave and serious nature have been made. Brandy and water have been administered when apoplexy was imminent, and with the effect of precipitating the calamity. When there is any difficulty in making out a certain diagnosis, it is always most safe to take the gravest view of the case.

HEAD.—("Headache, as if the head were bruised, accompanied with dulness of the head, and a feeling in all the limbs as if bruised. * *Fulness and oppression; weight in the forehead, with sensation as if the whole of the brain would start out at the forehead, as if the eyes would start out of their sockets, or as if the brains were pushing against the inner surface of the forehead; the head feels tight and constricted, or sensation on the left side of the head as if the head were pressed together, or as if the skull were constricted.*")

The first sentence reminds me of a case of acute hydrocephalus which I attended many years since, in which the first symptom was great pain in the right thigh; this pain was unquestionably reflected or conveyed from the nervous centres to some branches of the nerves supplying the limb. The case terminated fatally in about a week. The remaining passages present a tolerably correct picture of a case of fever, with congestion of the brain, which I attended in the present year, 1861, and which had in addition a sensation as if everything in the patient's room were dancing about, as if the walls were falling in on the bed; as if crocodiles were running about the room, their eyes jutting out and in,—and this without true delirium. In this case, finding that the 3rd dil. of Aconite and Bel. alternately given produced no effect, I administered the mother tinctures in drop doses every half-hour, until three drops of each had been given, when there was a most marked remission of these horrible symptoms.

("Crampy sensation in the forehead (behind the orbits): or as if in the bones; or over the root of the nose, with sensation as if one would lose one's reason—aggravated by walking in the open air; pressure in the head—the temples; sharp pressure in the forehead; pressure in the occiput at intervals; sticking, with pressure over the orbits, with inclination to vomit.")

This group seems to point to inflammation of a rheumatic character. We read of crampy sensation as if in bones, behind orbits, and in different parts and processes of pericranium; the membranes of brain appear to be implicated, accompanied with erethism of brain and consensual irritation of stomach. In the rejection of contents of the stomach as the consequence of brain disease there is this peculiarity that there does not appear to be a distinct act of vomiting—whatever is passed into the stomach, even if it be only a little water, is spirted from the mouth as if the stomach had pumped it up; and whether the patient is standing, sitting, or lying, matters are not changed, and often one has seen pillows drenched with the fluids which are thus thrown up.

("Stinging, beating and stinging beating in the head (forehead and temples), sometimes particularly violent when walking, and abating in that case when sitting down; sometimes the stinging and beating is like that of an abscess.")

The aggravation whilst walking may be attributed to the fact of the circulation being quickened during exercise: the whole passage is interesting inasmuch as it pictures the condition of *arterial throbbing*—that state in which there is engorgement of capillaries from loss of vital tone, and excited exalted action of the heart in its automatic conservative efforts to overcome the stasis of blood globules in the network of minute vessels. It has been argued by some pathologists that the brain always contains the same quantity of blood, whether in health or disease, as from the unyielding nature of the skull no more than its normal quantity can be forced into it. But this opinion is untenable and irrational. It is true that the cranium is an unyielding case, but it has many outlets, occupied by nerves, veins, and cellular tissue, all of which would yield to pressure; moreover, the spinal fluid itself has doubtless much to do in maintaining the balance and equilibrium of the parts with which it is connected in varying states of the cerebral circulation and various positions of the whole body. To what extent this quantity of blood in the brain at one time or another may vary it is extremely difficult to ascertain; but common sense, as well as the evidences of disease, very plainly declare that the terminal arteries and veins, in other words, the capillary meshes of the brain, are subject to the same engorgement and distension with blood as those of any other parts of the body, and with the same disorganising effects.

(*"***Rush of blood to the head, with heat and redness of the face, or else with paleness of countenance, heat in the head and sweat of the hairy scalp; heat in the head towards evening, the whole of the head feeling painful, especially the forehead.***")

The Aconite poison in this sentence points to varying manifestations: redness or paleness of the face: heat of face; paleness (coolness) of face; heat or sweating of scalp; evening exacerbation; head feeling painful, perhaps, to the touch. Such varying conditions are often noticed in different forms of fever.

("Burning headache, as if the brain were moved by boiling water; sensation as of a ball rising in the head, spreading a coolness through the brain. * ***Headache, with sensation as if the brain were moved or lifted up,—it is aggravated by movement, drinking or talking; talking generally aggravates the aconite headache; °headache, which is so violent that it makes one furibund, accompanied with loss of appetite and sleeplessness.***")

The first sentence in this group seems to indicate marked hyperæmia of the brain; the second giving a sensational phenomenon, probably shows a remission of the engorgement, with accompanying feeling of coolness, or is a hysteric symptom. Headaches which indicate aconite appear to be increased by every kind of exertion, as walking, talking, etc. This aggravation from talking is too often witnessed in brain disease in consequence of the patient being pestered with the enquiries and importunities of nurses and friends. It is so difficult to make people understand that a diseased organ should have perfect rest. Nothing should be done to excite thought, to call the brain into action; it would be just as reasonable to ask a smith with a broken arm to wield a sledge hammer.

(" Rheumatic pain in a small circumscribed spot of the left parietal bone, the pain being excited by (every) least contact of any thing, or of a breath of air, accompanied with prosopalgia of one side of the face, and swelling of the lower jaw.")

This reminds me of a case which I once attended in my allopathic days. The patient was a gentleman 60 years of age, subject to arthritic affections. There was exquiste pain of a shooting lancinating character, in the scalp; it seemed to run along in the course of the cutaneous nerves; the slightest touch or a breath of air aggravated the suffering to an intolerable degree. I doubt not that aconite would have been a sovereign remedy, but in those days the treatment was purgatives and Belladonna ointment to the scalp, with very tardy relief.

(" Semilateral drawing, pulling, with sense as of tearing, and dartings in the head; sometimes accompanied with drawing in the eyelids, causing them to be raised, or with roaring and tingling in the ears. Crepitation, snapping as of electric sparks in the temples, nose and forehead. °Congestive, catarrhal, and nervous headaches ?")

This passage seems to refer to rheumatic affections of the head, giving rise to spasmodic twitching of the levatores palpebrarum, excitement of the auditory nerves, and peculiar shocks as of electricity in parts of muscles, as the temporal, occipito-frontalis, &c. &c.

(" Violent headache, confined to a small spot over the left eyebrow. Headache in the region of the vertex. Troublesome pressure in the region of the vertex from above downwards. Headache, with pressure in the eyes, from without inwards. Pressure and intensely painful stitches in the vertex.")

The first sentence probably refers to clavus, in which aconite is eminently remedial. One is too apt to think that aconite should not be administered, and that it does not relieve pain in a remarkable manner, unless the pain is accompanied by fever. This is a misapprehension which should be early got rid of, for aconite stands us in good stead in many forms of neuralgic disease. The sentences referring to pain in the vertex should be well borne in mind. These cephalalgias are not perhaps so common as frontal headaches, but the presumption is in favor of their curability by aconite. The pressure on the eyes from without appears to indicate some fulness of the eyelids, or inflammatory tumefaction of lachrymal glands.

(" In the morning his head feels heavy and giddy, as if he had drunk wine the evening previous. Headache in the region of the right eyebrow, as if the parts were pressed asunder by a wedge, worse in the room than in the open air. Sensation as if the head were pressed together, commencing in the region of the vertex and spreading thence. Pain over the whole of the cranium as if the head were compressed with equal force on all sides; sometimes the pain is centred in the orbit, when it becomes intense—recurring at regular periods.")

Vertigo is a symptom so often complained of and under such varying conditions, that a careful discrimination is required in the choice of a curative agent. It is not unusual to hear persons complain of a swimming in the head, which comes on soon after they awake of a morning and when they are lying on the back. This vertigo is so severe as to compel them to rise up or turn to one side; when it ceases. With others no vertigo is felt until they rise from bed, and then it is distressing for a time. It is probable that aconite might benefit one if not both of these. The headache over right eyebrow which remits in the open air, appears to partake of the character of brow ague—is more or less periodical, and in some persons so severe as to be almost maddening, and is succeeded by extreme weakness and languor. Although Aconite might be very useful as a palliative, it is probable that Ars. or China might be required to root out the malady. Pain of the vertex or of the whole cranium, or centred in the orbit, would appear to be neuralgic, and of the most intense forms. Its regular recurrence would seem to hint that for its radical removal some remedy more homœopathic to periodicity than aconite would be required.

("Violent, pressing, contractive pain in the upper region of the forehead, the face being puffed up and pale. The pain is increased by light and noise, and abates after a short nap in a dark room.")

An erethistic headache in an asthenic system. The paleness of the face indicates the depressed state of the nervous system from the continued pain. The pale puffed face also manifests the low state of the vital powers. The whole picture of disorder seems to remind one of the primary effects of aconite. The relief produced by sleep of short duration hints that the state described may have been induced by mental labour.

("Pressing, sticking pain, now in the occiput, now in the region of the forehead. Drawing in the whole of the head, especially in the temporal muscles. Violent lancinating pain in the region of the upper margin of the orbit, extending upwards along the forehead, and across the temples and cheeks, as far as into the molar teeth; aggravated by pressure, and towards evening. The supra-orbital region becomes swollen after awhile. Paroxysms of vascular erethism in the head with anxiety.")

The last sentence is a key to the former ones. In such a morbid condition the erethism or tide of blood is not directed to one part only, but wanders from one part to another, and wherever it is directed the arterial excitement may have the effect of causing shocks of sticking, lancinating pain to course along the nerve fibres, especially those which become cutaneous. The aggravation towards evening and the swollen state of the supraorbital region point to a rheumatic cause. In the last sentence the pain is said to be *in the head with anxiety.* It is evident from this moral symptom, viz., anxiety, that some part of the cerebrum itself has been affected.

("Throbbing of the temporal arteries. Swelling of the jugular veins. Headache as if a hot iron were bound round the head.")

These three last sentences point out extreme danger. We have side by side, arterial, venous, and nervous symptoms, declaring plainly enough an intense form of inflammation. In a case of natural disease resembling these aconite symptoms, the physician should if possible remain in close attendance on his patient until relief has been afforded. To his own judgment must be left the decision as to what dose should be administered; but if the most approved dilutions or attenuations do not quickly tell, let him not hesitate to give mother tincture of aconite, until the throbbing of the arteries has ceased. He has no time to waste in experiments on doses. On his prompt administration of sufficient doses of the remedy truly homœopathic depends the safety of his patient.

END OF PATHOGENESY.

Having thus glanced at the clinical observations, or the pathogenesy of Aconite in connection with the head, sensorium, mind and disposition, I venture to add a few clinical observations on the diseases of the head, and the uses of Aconite in those diseases, interspersing such observations as may be suggested by the subject.

In homœopathic medicine we have but few nosological trammels, and every form of disease, nay, every individual disease, may be studied by itself. For physiology the homœopath has the most profound respect; for pathology, somewhat less; for nosology, just none at all.

Aconite is indicated for increased frequency of the pulse, with distension of the veins; it controls the one, and consequently diminishes the other; and its use should be continued until the circulation of blood, the pulse, is reduced to its normal condition, or even below it. We refer to its use in inflammations in general, and not in specific forms of continued fever. Aconite is especially suitable to individuals of a plethoric habit, lively character, bilious, nervous or sanguineous constitution, dark hair, bright complexion, and to old people; in other words, to those who have a large share of *vis vitæ*, whose blood-vessels are well filled, whose brain is kept in high activity by an ample supply of the natural stimulus, and whose character takes its lively tincture therefrom; to those who feel intensely either joy or sorrow, and whose digestive organs are liable to be disordered by the powerful impressions made on the nervous centres which are connected with the moral, intellectual or sensual functions; to old people in whom the capillary circulation in any and every part of the body is so apt to become impaired, disordered, congested (congestion of blood to the brain). We may well pause and hesitate in discussing this text; it opens up a wide field of enquiry, and one which has been cultivated by many a master mind; but disregarding the charge of presumption, I feel that I dare not recoil from the task I have undertaken. But where to begin? On the whole it may be best to commence with the earliest periods of existence, and in doing this it will be impossible to confine oneself exclusively to the consideration of Aconite. It shall be allowed to take rank with, nay, take precedence of, all other medicines, but very seldom is acute disease altogether removed by Aconite alone. It is well known that in the womb the fœtus is not only affected by the mental and physical disorders of the mother, but also that the little germ carries in its veins the blood of its father, with every taint of disease which that blood may contain, and thus becomes liable to many serious affections, the nature of which can only be guessed at. At present we have only to consider its liability to "nervous" disorders; and of these we have ample proof, not only from the fact that sudden shock or fright acting on the mother's system may suddenly produce the death of the infant, but also from the many varieties of deformity of the limbs, induced by nervous morbid action, central or reflex, on the muscular system; hence spasm, convulsion, contortion, etc.

How far under an enlightened homœopathic treatment these dismal tendencies might be prevented or overcome it is not now to say; but there can be no doubt that in many of the disorders to which the pregnant woman is subject much harm is done to her and her fœtus by allopathic drugging, more especially by the administration of opiates and alcohol. Certainly the most important thing to be considered for the well-being of the mother and child is that she should be, if possible, kept in a state of mental tranquillity and cheerfulness, and next to this, that her maladies should be controlled with Acon., or Bell., or Puls., etc., and not with large doses of potent drugs, which may exert a poisonous influence on herself and her offspring. For the sake of truth and suffering humanity I cannot forbear at this stage to condemn the use and abuse of the infusion of Ergot of Rye in slow and tedious labours, because it undoubtedly causes congestion of the brain in the infant, which is slowly making its transit per vias naturales matris ejus. It is deplorable to reflect how many lives of infants, nay, of mothers also, are sacrificed by the hot haste of the doctor, or the importunities of friends.*

Well do I remember how thoroughly I came to grief and misery in my attendance on my second case of midwifery. The patient in labour of her first child, everything going on well, the probabilities being that in the course of an hour, had there been no meddling, the child would have been born: the nurse, old, ignorant and officious, declaring that as the patient had been ill twenty-four hours, and was getting very weak, it was necessary to give something to strengthen the pains. In an evil hour I listened to this homicidal suggestion, and gave an infusion of half a drachm of Ergot. Tonic, incessant pains came on; the head was suddenly forced on into the pelvis, until it became impacted, and all was at a dead lock. Here was a pretty business for a young surgeon! Forceps required: a man gallops off three miles to my house for the instruments—is back again almost before I wish him. Patient in mortal agony —doctor in mortal fear. First blade introduced with some difficulty;—second!—some attempt made, ending in a conviction that the use of the forceps must be a myth and a delusion: in short, an utter break down. Old doctor sent for, who comes and delivers the woman of a dead child. The mother makes a good recovery, and I with the painful reflection that I have been a fool to be led away by the judgment of an old woman, and that, having been guilty of infanticide by misadventure, it shall be my resolve to make myself thoroughly skilled in midwifery, so that to some extent I may be enabled to wipe out this dismal blot. And what is the moral of this tale? Nothing more than this, that had Aconite, and perhaps Belladonna, been prescribed, the puerperal fever, heat and mental anxiety of the patient would have been allayed, the congestion and hyperæmia of the parts concerned in parturition would have been diminished, some good would have been done, time would have been gained, and all would have been well. But this by way of episode.

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* In the No. of the *Lancet* for the 20th of July the subject is discussed—"Is the administration of Ergot of Rye to the parturient mother hazardous to the life of the infant?" I answer a thousand times, yes!

Infants are liable to congestion of the brain from various causes. It is scarcely necessary to dwell on the well-established fact that the nervous systems of young children are very excitable and impressive, and that causes of disease which would have no effect on the brain in adult age, will tell with great force during the first months or years of existence. Irritation of the bowels from improper food, sometimes, perhaps, the presence of worms, dentition, fright, violent rockings in the cradle, an infant being too closely covered up in its mother's bosom during the night,—all these causes may produce convulsions or even apoplexy. I have been called to an infant which had died in a kind of drunken apoplexy, gin having been mixed with its pap. In the wringing, griping pain of the bowels which infants suffer from, doubtless Aconite is one of the foremost medicines to be administered; but in actual convulsions more may be done with Bel.

In March of this year I had to attend an infant in convulsions, and who, in consequence of a fit in the previous January, had been affected with permanent squint. The child was, the parents now thought, in a dying state; but Bel., given every five minutes, one glob. 3, restored it in a quarter of an hour. It is probable that aconite would not have been so specific to this case, which one felt instinctively was a Belladonna case, from the congested state of the scalp and cheeks, increased squinting, and spasmodic motion of the eyes.

I remember another case of convulsions I attended last year, in which it appeared to me, from the paleness of the face, sunken eyes, bluish lips, etc., that Cuprum aceticum was indicated; it was given, and the curative effect appeared to be instantaneous.

Whilst on this subject, I may mention that a few years since I read in one of the allopathic journals that the injection of warm water into the rectum of a child affected with convulsions was a certain remedy. Be this as it may, I remember on one occasion putting it to the test, and found it very telling and useful; it appeared to relax the muscular spasm almost instantaneously. Certain it is that in cases of fœcal accumulation or constipation, or, indeed, as a general rule, it would be safe and good practice to administer warm water enemata to children in convulsions, at the same time that medicines were being administered.

I enter my protest against gum lancing; it very seldom does good, it often does harm. I was once in the act of lancing a child's gums, and it went off into a fearful fit, from which it never rallied. As it had just come out of a fit when the gum lance was used, the chances are that the pain inflicted brought on the convulsion which I witnessed; and that had the operation not been attempted, there might have been no return of fits, or in a milder form.

During the present month I have been called to a fine little boy, aged 1½ years, who had a smart convulsion, and when I came to him he was in the profound stupor or sleep which generally succeeds convulsion, and which is the most favourable condition, perhaps, which can arise; there was much feverish excitement, and profuse perspiration. He took Acon. and Bell. alternately, and had no return. The mother and friends were much impressed with the fact that the eye teeth were cutting through the gums; but the hint was thrown away on me. One cannot lay too much stress that rough measures are never required, and that the truly "soothing" effects of our homœopathic remedies will generally conduct them more safely through disease than "strong measures." It is, indeed, sad to think of the punishment inflicted by "art and science" on little children. In truth, when one reflects on the scenes one has witnessed, either alone or in consultation, it casts a sad shade over the mind; and therefore it is that it behoves every homœopath to protest firmly and constantly against the things done by the profession, partly from routine, and partly from an indisposition to acknowledge that they ever could have been wrong. In the cause of humanity we are bound to raise our voices against that fearful amount of punishment under which the human race groans. One has heard of a case of acute hydrocephalus in which the medical attendant repeatedly blistered the scalp, and assured the friends that the serum from the blistered surfaces was the water on the brain coming away; but the child sank in spite of this potential tapping. One has seen lovely children seized with scarlatina, and plied with Calomel day after day: angina comes on, leeches and blisters are applied to the swollen cervical glands, powdered nitrate of silver is blown into the throat; the poor children in their agony lacerate and tear the blistered surfaces with their nails, and by and bye death ends the scene. Would that it could also have obliterated the painful scene and harrowing recollection! Had it not been that during our medical education we had become steeped to the ears in prejudices against the grand truths of homœopathy, or in other words, of rational medicine, our conversion must have come earlier. But enough of this.

After the dangers of dentition are over, there are many diseases during the progress of which cerebral symptoms of a formidable character may arise, especially at the period of puberty in females. We say from sad experience that the utmost watchfulness, the most unceasing care, are necessary at such a time to ward off what may otherwise become the most intractable, most fatal form of cerebral congestion. There is another period, viz., that of the cessation of menstruation, when the same caution is necessary. At both of these important periods of life we may be required to call in the aid of Aconite and Belladonna, commencing with the mother tinctures if necessary, or what is still better, perhaps, the 1st decimal attenuation. When the flood tide of blood has been checked, then the higher attenuations may be called into play; but after some experience, and still entertaining the most profound respect for the teachings of the immortal Hahnemann, we are convinced that in acute disease that man is not in a safe position who relies on infinitesimal quantities.

In what is termed infantile fever, aconite is a noble remedy. In these cases the seat of disease appears to be at times in the intestinal canal: at times the head is most affected: in either case this drug will allay the fever heat, bring down the temperature of the skin, and induce perspiration, reduce the pulse and so equalize the circulation and restore its balance as to prevent any disorganizing inflammation, for indeed the mere fever does not destroy life, a fatal issue only arrives as a general rule from mismanagement, from the evil practice of purging and irritating the intestines, and so inducing ulceration of Peyer's and Brunner's glands: from attacking congested lungs (when this complication supervenes) by leeches, blisters, calomel, antimony, opium, and thus lowering the powers of the system and by undue depletions, when the brain becomes congested.

We do not mean to affirm for a moment that aconite by itself will enable the physician to conduct a case of fever to a successful termination; far from it. Many conditions may arise which will necessitate the administration of other remedies. There is one condition in the last stage of fever which will test the medical acumen of the practitioner, and in which one false step may be fatal to the patient—we refer to that designated coma vigil. In this juncture it is probable that aconite would render but little service; and judging from *allopathic* experience, it may be presumed that wine or some form of alkaloid, with frequent doses of opium, would place the patient in a state of safety.

I remember well one case of fever which I attended when an allopath. The patient was in a state of semi-stupor; there was muttering delirium, picking the bed clothes, low, fluttering pulse, and every indication of approaching dissolution. I gave a quarter grain of powdered opium every hour until it produced sound sleep. The patient slept for 12 hours, and the friends believed that he would never wake again, but he did awake, and to my great satisfaction, in a state of perfect consciousness, and made a rapid and quick recovery. This was a case of *Homœ*opathic-Allopathy, and sure we are that the rationale of many so-called allopathic cures might be traced in a similar manner to the law of *similia similibus*.

As this paper has no pretensions to be called a Treatise on Aconite, but is intended to record my medical impressions and experience, so far as these may be suggested during the consideration of the uses of the drug, I offer no apology for the desultory style which I have adopted. I set down nothing but what I believe to be facts, and therefore if after a somewhat brief experience of the Truths of Homœopathy, I do not attempt to give a complete analysis of the effects of Aconite, it is because the subject has been already so well done by others.

And at this point I must venture to question the soundness of Hahnemann's doctrine that all and every kind of bleeding is injurious. I have not been able as yet to come into this opinion. Byegone experience tells me that local depletion, particularly in brain disease *occurring in females*, is eminently curative. Nor can I subscribe to the doctrine that the loss of a few ounces of blood in a strong plethoric subject, can ever have a prejudicial effect. Take such a case as the following.

A young healthy servant girl, aged 20, is seized with pain of the head, vertigo, unconsciousness. When I visited her I found that she had a full bounding pulse, a hot skin, flushed face, contracted pupils, carotid and temporal arteries beating vehemently, perfect coma. As far as could be discovered from enquiries as to her condition before the attack, and as far as I could discover from her behaviour afterwards, hysteria had nothing to do with this illness. It had every character of sudden congestion of the brain. Cupping to the amount of 8 ounces gave immediate and perfect relief.

And here I may give another case of true sthenic congestion of brain, which was entirely cured in a similar manner.

About twenty years since I attended a man, aged 67, who had very suddenly been smitten down with apoplexy. On my arrival at the house, the patient (he had lost an arm) was *in extremis*—face bloated, pulse of sledge hammer character, temporal arteries distended, respiration stertorous. I opened the temporal artery and bled him to the amount of about two pints. He became a little faint, yawned, opened his eyes, muttered an oath !! and perfectly recovered. He lived seven years after this, went away into a distant part of the country, had a second attack of apoplexy, and died.

I very much question if any medicine, in any dose, would have brought such prompt and perfect relief as did the lancet in these cases, and therefore, at the hazard of being called a heretic, I express my firm conviction that there are *certain exceptional cases* in which the surgeon or physician may let blood, and nevertheless be a homœopath, sans peur et sans reproche.

In every form of continued fever the brain is liable to disease, and it will be a painful reflection to a medical man if for the sake of a crotchet he neglects to use every means in his power for the relief of his patient. It may be right to try in the first instance how far medicine can give relief, but this failing, it follows, that the persistence or increase of congestion of the brain must necessarily produce a more downward tendency than the abstraction of two or three ounces of blood by leeches. The patient must be cured, and the loss of blood to the amount that might take place from a severe cut in any fleshy part of the body from accident, or in ordinary bleeding of the nose, would never be felt in the convalescence or recovery.

During the last month I attended a patient who took a fever of a severe character. A gentleman had died of such a fever in an adjoining house, and two children who lived hard by in the same street had recovered after protracted illness. These last three persons were attended by allopaths. There was much talk about the risk my patient ran by trusting to Homœopathy for the cure of a fever. The case was indeed very severe. There was no real wandering of the mind or delirium, but with most intense headache there were frightful visions. After the use of Aconite, Belladonna, and a few other remedies, I found that the symptoms did not yield, and I applied three leeches to the left temple: a little oozing of blood went on for five or six hours, and the relief of the headache and horrid phantasies was immediate. During the current week there was a tendency to a recurrence of these harassing symptoms, which however was combated successfully at this stage with medicine. The patient made a good recovery, and certainly was in no degree damaged by the moderate leeching.

In bilious and congestive headaches, aconite is notoriously useful; but most commonly it is only palliative, and will require to be followed by some remedy which more especially seeks out and embraces the occasioning functional discord. Hempel states in bilious headache, the Tincture of Aconite should be given. He further alleges that in hysteric headache, with a sensation as if a ball were ascending in the brain and spreading a coolness there, from the 3rd to the 12th potency will be sufficient.

Rückert states in his elaborate work on Headaches, that aconite relieves in the most violent headaches, when the patient lies as if unconscious, retches to vomit at times, whimpers and complains, fears to die, cannot endure the slightest noise or motion, and in which the pulse is small, or even intermitting; especially when the pain is throbbing, piercing, or compressing, seated over the root of the nose, and the talking and the speaking of others aggravates it very much. Aconite is also useful against headache from taking cold, attended with catarrh of the head, noises in the ears, and pains in the abdomen, or by an annoying sensation as if a ball rose up into the brain, spreading a cool wind around it. Also in megrim, when marked by a violent, piercing, boring pain over the left eye, and attended with nausea and vomiting and aggravated by jarring—in such cases Aconite should be followed by Sulphur. The local application of the Tincture of Aconite also affords marked relief.

I have preferred making these quotations to the insertion of any statements or reasonings of my own, because I have had but few cases of headache to treat, and these, truth to say, have not been of a very satisfactory character. It is probable that Rückert's book would have afforded a more satisfactory guide in the treatment of Cephalalgia, had it been thrown into a tabular form, in which the symptoms indicating the administration of the different remedies were placed so that they might be more readily contrasted with each other.

In simple neuralgia of the head or face, aconite as a medicine and as an external application will afford great relief.

At about the age of 50, women begin to complain of many distressing symptoms arising from the cessation of the menstrual flow. Sudden flushes of heat to the face and head, with or without headache; a variety of nervous feelings and nervous fancies, lowness of spirits, hypochondriasis, fulness and distension of the abdomen, numbness and stinging of the tongue, or of the arms or legs, &c. &c.—in such cases aconite is a sovereign remedy—it is the remedy par excellence.

There cannot be a greater or more lamentable mistake than that of identifying paralysis with organic change in the nervous system. The researches of Bernard have shewn how frequently paralysis is induced by what must be called, for want of a better term, functional or reflected irritation. Believing as I still do that there are a few cases of apoplexy and congestion of the brain without insensibility, which may be wisely and well treated by careful local blood-letting in addition to medical treatment, I am not the less convinced that in the majority of such cases depletion is highly injurious.

A few months since I was called to a gentleman, aged 76, who one morning on attempting to dress, discovered that he could not lift his right hand to his head, that his right leg was very weak, and he also soon after discovered that he was unable to speak distinctly. He has through life drunk freely, and on my arrival at his house I found him in a state of great alarm, being fully aware that he had a "seisure."

He was much disappointed that he was neither to be bled, leeched, blistered, nor purged; but, nevertheless, yielded to the treatment prescribed with a good grace. He took Aconite for a few days, and afterwards Nux vom., and perfectly recovered, with the exception of a slight hesitation in speaking, and some difficulty at times in remembering a word. About the same time I was summoned to another patient seized with apoplexy. He was quite insensible and comatose; had a full pulse; stertorous breathing; contracted pupils. His age was 78.

I debated the "to be or not to be," regarding blood-letting, and decided against it. Aconite, Belladonna, Opium, Arnica, had no effect, and the man died. I believe that this case would not have been benefited by depletion, for this reason: that five years before the man had fallen from a house, (he was a mason), and sustained severe concussion of the brain, and probably some degree of fracture of the left temporal bone, as ever after he was subject to discharge of pus from the left ear, some degree of swelling behind the ear, and stinging and numbness of the left cheek. The probabilities are, therefore, that matter had burrowed into the cranium in consequence of the effects of the lesion of the temporal bone. I am well aware that in delivering so heretical an opinion on the subject of blood-letting I lay myself open to the charge of treason to our master Hahnemann, and of infidelity and want of whole-heartedness towards his system,—what does my contumacy amount to?—This only: that to the present moment I have not been able to convince myself that *under no possible circumstances* is blood-letting to be practised in cerebral affections. It may be that when I have become more thoroughly acquainted with the properties and uses of our medicines, I may be able to rely on their powers in all cases of deadly disorder; but at present I maintain, that much good is often done in *head* affections by cautious leeching, and that seldom if ever is harm done thereby.

Perussel, in his Guide du Médecin, says (p. 428), "Nous croyons sincèrement, et notre vieille experience peut nous être d'un certain appui à ce sujet, qu'on trouvera dans *les vastes limites de nos moyens, de leur arsenal,* toutes les réponses dont la pratique la plus sévère comme la plus humaine puisse avoir besoin (peut être).

In a conversation which I had with Professor Georgii on the means of maintaining a healthy state of the circulation at different periods of life, especially in delicate children at the age of puberty, I was much struck with a remark he made to this effect: "I have been recently reading the works of Dr. Paris. I believe him to have been one of the greatest physicians that England has produced. He recommends, in one of his works, that in cerebral inflammation it would be very rational treatment to compress the carotid arteries occasionally for a short time, and thus mechanically assist the overloaded capillaries of the brain. The thought is worthy of regard, but it is allopathic in its character. I for my part am convinced that if instead of this we were to compress the jugular veins for an instant and then suddenly withdraw the pressure, an additional stimulus would be received by the capillaries and nerves in connection with them, and a more healthy tone induced; at all events this is the homœopathic converse of Dr. Paris's proposition. His recommendation is for anatomical reasons impracticable, mine is feasible, and I throw it out as a suggestion that may be useful in practice."

Having thus ventured to pass in review the Pathogenesy of Aconite as far as the symptoms in connection with the cerebral masses are concerned, and having subjoined a few observations arising from facts with which I have been impressed in the course of practice, I bring this section of my commentary to a conclusion, with these remarks, that I have been induced to undertake this task, 1st, For my own sake, and because I find it impossible to study the Materia Medica to any good purpose, except pen in hand. 2ndly, Because the study of Pathogenesy to beginners is so extremely repulsive, uninviting, and disheartening; and I have hoped that according to my poor ability I might in travelling over the same road, remove a few of the difficulties and obstacles with which it is encumbered. And 3rdly, Because I would hope and trust that every homœopath may be induced to strain every nerve and exert himself to the utmost in the noble struggle in which we are engaged.

The Theory of Homœopathy does not recommend itself very strongly to the public in general, but sure I am that the note book of every homœopathic physician and surgeon contains facts and cases which amply prove, that our system is more humane, more successful, more curative than that of the old school; and believing this, I believe also that these cases, whether successful or unsuccessful, should be recounted. The canon "similia similibus" is a *grand verity*, but a little more *enthusiasm* on the part of those who profess to teach the doctrine in this country, would contribute to its more rapid extension.

(*To be continued.*)

ON ANTIMONIAL ERUPTIONS.

By Dr. Imbert-Gourbeyre.

(*Continued from page* 390.)

Having considered the external eruptions produced by antimony, let us proceed to examine the internal eruptions it causes, for tartar emetic causes eruptions on the mucous membranes as well as on the skin.

In order to prove the non-absorption of tartar emetic, it has been said that the antimonial sore throat has never been observed from the external employment of the drug. I certainly am not aware of any observations illustrating this effect; still, the general symptoms caused by the external use of tartar emetic are incontestible. They have been sufficiently demonstrated by the English physicians and by M. Jules Guérin. The *Journal de Chimie* for 1828, records a case where after the application of the ointment to the pit of the stomach, nausea and vomiting supervened. If then tartar emetic is absorbed, why might it not sometimes cause the antimonial sore-throat? It certainly causes a sufficient number of other symptoms indicative of its absorption. In 1835, Mayer mentions having found in three bodies examined by him, small varioloid pustules on the internal surface of the peritoneum: in each of these cases a large quantity of antimonial ointment had been rubbed upon the abdomen.*

However, the internal exanthemata have been observed much more frequently in cases where the drug has been ingested by the alimentary canal. Cases of this sort abound, and although they are well known and generally admitted, I may cite a few in this place.

Most of these cases have been observed since the employment of Rasori's plan of giving tartar emetic in large doses; I therefore feel inclined to attribute them in great measure to these enormous doses.

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* Verm. Abhandlungen von einer Gesellschaft prakt. Aertze zu St. Petersburg.

Tartar emetic given in large doses, says Téalier, sometimes causes a simple erythematous sorethroat, more rarely a pustular sore-throat, resembling the inflammation caused on the skin by rubbing in antimonial ointment. (*Du Tartre stibié,* Paris, 1832.) MM. Gasc and Damiron were among the first to allude to the particular eruption in the throat.

Obs. XXV.—A soldier who died of a wound in the head, had for several days been subjected to the action of tartar emetic in large doses. Several attacks of purging and vomiting had occurred. At the *post mortem* examination all the surface of the mucous membrane of the alimentary canal was studded with innumerable small conical pustules filled with serum. The membrane was otherwise pale and did not show the slightest redness around the pustules. (Serraillier, *Essai sur l'action du tartre émétique et sur son emploi en médecine,* Thèse de Montpellier, 1827, No. 70.)

M. Damiron, in an essay *On the employment of tartar emetic in large doses in pneumonia,* records four cases of intercurrent pseudo-membranous sore-throat, occurring at the end of 48 hours, but he denies that this is a physiological action of the medicine. (*Jour. univ. et hebd.,* 1831.)

Obs. XXVI.—On the third day of the administration of an antimonial draught containing 6 grs. of the remedy in a case of pneumonia, a spoonful being taken every hour, the lips, tongue, and hard and soft palate were covered with a score of vesicles or pustules of a yellowish white colour, flattened, depressed in the centre, and filled with a purulent liquid of a milk-white colour. Much heat in the mouth. The third day of the eruption, the vesicles burst and nothing remained but a kind of yellowish shreds of skin. Four days afterwards all had disappeared. (Luroth, *Gaz. med.,* 1832. No. 126).

Obs. XXVII.—N——, 66 years of age, affected with pneumonia. Entered the hospital on the 11th day of the disease, having had no medical treatment. On the 20th bled. The 27th and 28th a draught containing a gramme of tartar emetic. The 29th, appearance of some pieces of membranous exudation on the velum palati and uvula. Tartar emetic 60 centigrammes. The 30th, extension of the false membranes over the palate. The same treatment. Died on the 1st of April. The mucous membrane of the digestive tube through its whole extent from the mouth to the cardia shews traces of pustular or pseudo-membranous inflammation. (Marion de Procé, *Gaz. méd.*, 1839. No. 2.)

Obs. XXVIII.—We have seen 90 grains of tartar emetic taken in three days produce intense phlegmasia of a portion of the intestinal canal with false membrane completely tubular, and obstructing the œsophagus, in a woman aged 80, who died at the end of 4 days. (Mascarel, *Mémoire sur le traitement de la pneumonie, Gaz. méd.*, 1840. Nos. 40 and 41.)

M. Bonamy, in an article on the local effects of tartar emetic upon the mouth, pharynx and œsophagus, has collected the greater number of cases bearing on this subject. (*Bulletin de thér.*, 1843.) They establish beyond a doubt these physiological effects of antimony, and I must refer the reader to them for the detailed observations.

In a woman who died poisoned by tartar emetic, the jejunum was studded with a considerable number of pale hypertrophied follicles. (Beau, *Bull. de thér.*, t. XLI.)

I have cited these few facts as illustrations of some well-known effects of tartar emetic. Some writers have talked of antimonial ptyalism accompanying the buccal eruptions. Some examples of this will be found in the work of Téalier (Obs. LIX and LXIV).

Moreover antimonial ptyalism is a phenomenon that has been long known. We find it alluded to by Basil Valentine: "Sicuti mercurius," says Fred. Hoffmann, "vim habet salivam in copia ex corpore provocandi, ita etiam regulus antimonii, cum duabus nitri partibus conversus, in pulverem album qui cerussæ nomen invenit, sæpiuscule salivæ fluxum excitasse observatus fuit, præsertim si in insigni quantitate et repetitis per aliquot septimanas vicibus fuerit oblatus . . . . interdum etiam non sine damno salivæ fluxum incitat." (*De mirabili sulphuris antim. fixati efficacia.*)

One of the phases of the elective actions of antimony on the throat has been described by M. Trousseau under the name of antimonial saturation. He says that when tartar emetic has been taken for several days, the patient generally experiences in the throat, mouth and tongue, a sensation of tension, accompanied by some pain and a well marked metallic taste. This taste has been compared to that experienced from the use of mercurials. We are surprised that it has been attempted to discover a perfect similarity in the action on the buccal mucous membrane of tartar emetic and mercury. There is always this great difference, that mercury only acts indirectly on the mouth, whereas antimony exercises a purely local action, exactly similar to its action on the skin. (*Traité de thérap. et de mat. med.*, t. II.)

The purely local action of tartar emetic on the throat was contended for, fifteen years ago, by M. Boudet, who seriously proposed to the Academy of Medicine to substitute pills of tartar emetic for the ordinary antimonial draught, in order to avoid these throat symptoms.

Thus then, apropos of this small pharmacodynamic fact, we find ourselves reduced to a purely mechanical theory. Were it a mere physico-chemical effect, it ought to be nearly constant, which it is not; it ought especially to exercise its action on the stomach, where the antimonial solution remains a much longer time on the mucous membrane than it does in the pharynx; consequently it is not a mere physico-chemical effect. Why refuse to antimony what we are forced to attribute to mercury, belladonna, iodine, arsenic, &c., in their action on the throat? In the case of antimony as in that of these drugs, there is manifestly a pure dynamical effect and an elective action.

Antimony, then, produces internal exanthemata, erythema, pustules, false membranes, &c.; it is even capable of causing a croupy exudation. There is no doubt that these accidents, recorded by many writers, have occasionally caused death, and there is no doubt that these fatal effects should be attributed to the enormous doses of tartar emetic recommended by Rasori.

It is entirely false to say that pneumonia is cured more certainly by large Rasorian doses than by a grain or a portion of a grain of tartar emetic daily. These Rasorian doses cannot be borne by infants, and many adults are infants in this respect. Hence the large number of toxical accidents. Moreover, many patients without being actually poisoned, are really put to great torture by large doses of tartar emetic. Why then should we develope medicinal affections that not only disturb the curative effects of the drug, but which are sometimes of a very serious or even fatal character?

It is not without just cause that the school of Hahnemann has so often inveighed against large doses, and though it has indulged in the exaggerations natural to every school, we must acknowledge the justice and practical truth of its protests. They are peculiarly applicable to the practice of the present time, when the majority of practitioners seem to have passed from a do-nothing to a large-dose polypharmic system.

In reference to spontaneous antimonial eruptions, some may ask why they are so rare; others never having seen them, may be induced to deny their existence; others again, and such persons are by no means uncommon, attach no importance to them on account of their exceptional character.

It may be replied that their occurrence is not so rare as is generally supposed. It is probable that they often occur without being observed.

Besides, in order rightly to understand all these pharmacodynamic facts, it is requisite to have an exact idea of the conditions of the action of drugs. If we cannot comprehend this intimate action we can at all events perceive several circumstances or *moments* that have an influence on this action. Such moments are numerous, and if we consider the multiplicity of the symptoms of each medicine, the contingencies by which they are influenced, their frequency or their rarity; if we take into account their particular electivities, their doses, the duration of the administration and of the action of each agent; if we bear in mind, especially, the idiosyncrasies brought to bear on them, the influence of age, sex, temperament, state of health or disease; if, moreover, we consider the varieties of medical constitutions, we shall easily understand what an infinite variety of symptomatic combinations we may obtain with these various factors, while each have their importance. We should also bear in mind the way in which the medicines are introduced into the system, whether by the skin, the intestinal mucous membrane, or the respiratory track; for there are notable differences of action, according to the mode by which drugs are introduced into the organism.

All these divers elements influence medicinal action; to neglect them, is to resolve never to comprehend pharmacodynamics, and this is in part the reason why materia medica and therapeutics have made such little progress. This is the path that has been followed by routine, fancy, scepticism, nihilism, and polypharmacy, these five grand sores of the present age.

Doubtless the chief reason of this state of things lies above all in the difficulty of the subject. But now that the true experimental method in pharmacodynamics has been demonstrated, when by the constant comparison of the physiological with the therapeutical fact we can verify, as the ordinary resultant, the law of similars, why should we despair of re-establishing the materia medica on its proper basis. We owe this method to Hahnemann, who by resuscitating and generalizing the homœopathic law laid down by Hippocrates and acted on by tradition, has opened up a splendid future for therapeutics. Though this is not the opinion of the majority of medical men, I believe, from what I see around me, that the movement originated by Hahnemann is extending and increasing. Some time, however, we may be able to say: "qua data porta ruunt." I wish it, I hope it, and I am sure of it.

IV.

Having thus studied some of the physiological effects of antimony, we may now proceed to enquire into some of its therapeutic applications.

Antimony is *exanthematogenic*, hence by the law of similitude it must be *exanthematofuge*. This, which we may be permitted to suspect, or take for granted *a priori*, is completely corroborated on the field of observation. The experiments have all been made long since. The therapeutic history of chronic eruptions, of syphilis, and of scrofula, is there to bear witness to it. I subjoin some historical proofs.

Dioscorides has already mentioned the use of antimony in ulcers and in certain skin diseases, "crustosas exulcerationes." Basil Valentine enumerates its virtues in skin diseases, as he does in reference to chest affections: "pellit lepram, omnem scabiem . . . . mundat impuritates cutis . . . . sanat phagadænam digitorum . . . . scrofulis medetur . . . . in herpetibus."—In another place he exclaims with enthusiasm: Heu! nunc leprosi! ubi estis? suppeditabo vobis media ad salutem . . . . sanare morbum gallicum quem nuper hæreditavimus, huic ludus est."

It is especially in an excellent dissertation of Frederick Hoffmann's that we may read of all its various therapeutic applications. Besides those indicated in the *Currus Triumphalis,* we find that certain antimonial preparations were employed "in scabie, in tinea, in pustulis pertinacibus, contra maculas faciei et vitiligines, in morphæa, in pruriginibus." We find similar statements in most of the treatises on materia medica of the last century.

This tradition has grown weaker and has almost disappeared in our times. Alibert, in the great *Dictionnaire des Sciences Medicales,* says nothing about antimony when speaking of the general treatment of eruptions; all he does is to accord it a passing notice in his *Elements de thérapeutique,* relative to its efficacy in crusta lactea, in the erythema of infants and in plica polonica.

M. Rayer, in his *Traité des maladies de la peau.,* (t. I., p. 84,) seems to have given a fatal blow to the antimonial preparations applied to the therapeutics of skin-diseases. He simply denies their action, explaining the effects of Feltz's tisane and other preparations by the presence of a small quantity of arsenic in the sulphuret of antimony.

It should be observed that it is crude antimony which has been specially recommended against skin diseases. Tartar emetic has not been used in such cases, except by Blizard in tinea, and by Fages in diseases of the skin; the latter combined it with dulcamara and rhus radicans.*

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* Among the less known contemporary authors who have written somewhat favourably of antimony, I ought to mention M. Devergie. Here is

Thus, as will be observed, we have an excellent therapeutic tradition, abounding in facts and observations, but now-a-days almost entirely forgotten. Sulphur, iodine, mercury, arsenic, exercise superior sway in the therapeutics of cutaneous diseases; antimony has been excluded therefrom. Is this decree of proscription to be final? So little do I think so, that I am now going to attempt to preach its rehabilitation.

To do so I take my stand on three grounds: a historical ground, a physiological ground, and a ground drawn from analogy.

History is surely of some weight in medicine, but it appears to me that it is too much the habit to treat it with contempt now-a-days. It is in therapeutics especially that it has become a habit to disdain the experience of our predecessors. The pharmacodynamic tradition has been utterly rejected; hence it is that we find nothing but negations on every hand,

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what he says on this subject: "Tartar emetic is given in diseases of the skin in the following manner: every morning 25 milligrammes with 2 grammes of cream of tartar . . . . . This preparation is given as long as arsenic, that is to say, for two or three months, and it sometimes cures where arsenic has been of no avail. It is indeed only in such cases that it ought to be given; for as a rule the antimonial method is not very successful. We have frequently employed it. The good results we have obtained from it are not sufficient to enable us to recommend it, except where the arsenical preparations do not succeed. We can only give it to robust persons of good constitutions, who have no chronic affections of the digestive organs, nor any sensitiveness of the intestinal tube." *Traité pratique des maladies de la peau.* Paris, 1854, p. 109.

M. Devergie, though he does not estimate very highly the value of antimony in skin diseases, nevertheless acknowledges its services in certain cases. As medicines require to be specialized, it would have been better to study and to record what are the affections of the skin for which it is especially adapted. Why should it only be used after arsenic has failed? It must be superior or inferior to arsenic according to circumstances, and these circumstances are what should have been sought for in the field of observation. To confine oneself rigorously to the dose of 25 milligrammes per diem, is to condemn oneself to experiment only on strong men without any delicacy of the bowels. By resorting frankly to fractional, I will not say to infinitesimal doses, we should deprive no patients of the benefits to be derived from it. How often do practitioners hesitate to give a great *number* of remedies under the pretext that they cannot be borne! I would advise them to let down their poisonous posology a notch or two, and they will then be able to cure all the better and oftener.

and we have entered full sail into the waters of scepticism; and yet if we ascend to the original sources and examine the writings of the ancients on heroic medicines, we cannot help being struck by their general veracity and exactness. I cannot say as much for a large number of the modern works on therapeutics.

Well, when I find that three centuries of observation unanimously testify to the properties of antimony, not only in affections of the chest, but in skin diseases, syphilis and scrofula, I am much more struck by this argument than by the negations of isolated modern practitioners, whatever may be their merits otherwise. Let it not be said that affirmations repeated during three hundred years are destitute of value, that all the authors have only copied from one another: our predecessors were at least as capable of observing therapeutic facts as their modern successors. Observation does not date merely from to-day, and in connexion with the history of antimony are to be found some of the most illustrious names of which medicine can boast. It suffices to read the *Currus triumphalis* and Hoffmann's essay already referred to, in order to convince us what an amount of patient observation was required in order to determine the numerous therapeutic uses of antimony; moreover as far as chest affections are concerned, during the last forty years we have, thank God, been able to verify their correctness in every particular. On the other hand, the history of this drug completely proves that since the time of Basil Valentine, tradition, far from remaining stationary, has, on the contrary, made constant progress.

In addition to the historical reason, there is also a physiological one; I mean the effects of antimony on the healthy organism. In this article I have given sufficient proof of its *exanthematogenic* powers; thence, we have already arrived at the conclusion that antimony is also an *exanthematofuge.* This premiss and this conclusion are of some consequence; in effect they constitute an application of the law of similars, of that law which occupies the chief place in all pharmacodynamics. The more I study medicine the more I am convinced that we may read their curative action in their physiology, and that this physiology, or pathogenesy, if it be not the sole, is at all events the most fertile source of therapeutics. The exanthematogenic properties of antimony allow us to infer, *a priori*, the possible utility of this medicine in skin diseases, and similarly the traditional treatment of skin diseases by antimony might have led us long ago to guess, *a posteriori*, the faculty it possesses of developing various eruptions. From the effect we ascend to the law, and here the connecting links of the chain are obvious.

Finally, analogy is by no means unimportant, and we shall see that it is of great weight in this therapeutic question. Sulphur, mercury, iodine, arsenic, cantharides, &c. are remedies daily used in the treatment of cutaneous diseases; their efficacy is undeniable; well all these remedies are exanthematogenic. If this is the case, why should not antimony have similar remedial powers in skin diseases.

It is long since a comparison has been drawn betwixt antimony and mercury. We ought not then to wonder that, guided by these physiological data, practitioners have been led to try the former drug in syphilis and even in scrofula, and to laud its good effects. The friar Basil Valentine has had the support of tradition in all his dicta, and he it was who declared that the cure of syphilis was a mere trifle for antimony.*

In attempting to rehabilitate antimony as a remedy for cutaneous diseases, I make no pretension to point out precisely in detail its therapeutic uses. It would require a longer period than the life of one man to conduct such an experiment; for there is a whole tradition to be verified. Moreover specialization is the essential point in the employment of medicines; thus if crusta lactea yields generally to sulphur, eczema is the special province of arsenic. What is the precise department of antimony in the large domain of cutaneous diseases? Is it the pustular affections, the impetigos? Here is a large field for therapeutical observation, which is always so extensive and so difficult in such cases.

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* Some preparations, such as the Portuguese tisane, the tisane of Feltz, the apozeme of Pollini, &c., still testify to the credit enjoyed by antimony in the treatment of venereal diseases. In the present day, several English medical men, among others Smee (*Gaz. medicale*, 1843), have endeavoured to revive the use of antimony as an antisyphilitic. The German professor, Lindwurm, has lately reported 14 cases of venereal diseases, subjected to antimonial frictions; the proportion of cures was favourable. (Bayer, *Aerztliche Intelligenz-blatt*, 1860.)

Mojsisovics (*Darstellung einer sichern und schnellen Heilmethode der Syphilis durch jodpræparate*, Wien, 1845,) says that tartar emetic in doses sufficient to excite vomiting is the surest method of cutting short orchitis caused by gonorrhœa, and that nothing is better for the cure of stricture of the urethra than the same remedy given for several weeks in small doses. Jeffreys says the same in reference to secondary orchitis.

One possible application strikes me in connexion with the elective action of antimony on the ano-genital region which is so often the seat of numerous cutaneous diseases. Why should not antimony be employed in some of those affections having their seat in that region, in some of those obstinate cases of itching of the vulva, or even in some affections of the testicles?

In this case the law of similars and the law of electivity act both together with all their weight. If medicines manifest their action on certain parts of the organism, we may infer that their effects will be more immediate and more rapid in diseases affecting the same parts. They seem *to go directly to their address*. If sore throats are most quickly and rapidly cured by mercury and belladonna, it is because these medicines have a remarkable elective affinity for the throat. In reality, as I have elsewhere stated, electivity and similarity are convertible terms: every drug that acts electively acts also by similarity. I have already formulized this double law or synergia in two words, *elective* and *similiter*.* We have here two sure guides to conduct us through the difficult domain of pharmacodynamics, and it is an additional proof of that most pregnant idea that the physiology of a medicine leads us directly to its therapeutic employment, *hæc est via*. . . . .

The study of antimony we have just concluded affords a new proof of this. In the physiological part of this essay, I have endeavoured principally to shew that the exanthematogenic powers of this substance are purely dynamical, and it will be observed that the dynamical character is again demonstrated in the domain of skin diseases by the antimonial treatment itself. Antimony given internally cures cutaneous affections. If the medicinal action is dynamical, the physiological action is so too. The intimate process of the drug conveyed into the interior of the organism, is identical whether the organism be healthy or diseased. In the healthy organism it freely produces its physiological effects; in the diseased organism, especially when its action is curative, it destroys them wholly or partially, by crushing them, so to speak, against the symptoms of the disease.

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* *Mémoire sur le prurit vulvaire.* (*Moniteur des Hôpitaux*, 1858.)

There are here two forces which destroy one another in their parallelism: the medicinal act, and the morbid act, the artificial disease and the natural disease.

It is from such general considerations that the theory of substitution has arisen, which is but another mode of explaining the homœopathic law. This also it is which has drawn from M. Trousseau the following observations: "Experience has proved that a large number of diseases are cured by therapeutic agents that seem to act in the same manner as the cause of the disease to which we oppose them." (*Traité de Thérapeutique,* article *Belladonna.*) This phrase is in reality a declaration of principle, and hence it is that I reckon the celebrated French professor among the most intelligent converts to the Hahnemannic doctrine, but he has not yet, as far as I am aware, any well recognised position in the new school. It will be perceived that I materially enlarge the temple; but in my idea medicine is a pantheon, and I place in it all the gods.

IRISH COLLEGES *VERSUS* MEDICAL PROGRESS.

It has been said by a writer who pretended to a thorough knowledge of the Hibernian character, that an Irishman enjoys intense gratification in breaking or evading a law of the land, that indeed he will take infinite pains and trouble to evade a law, which he might entirely avoid by complying with it. Whether this be a libel on our fellow subjects of the Emerald Isle or not we are not in a position to decide, but the accusation would seem to receive strong support from a recent and simultaneous illegality perpetrated by the Royal Colleges of Surgeons, and the King's and Queen's College of Physicians of Ireland.

It will be in the recollection of many of our readers that whilst the Medical Act was passing through its final readings in Parliament, the friends of liberty of conscience in medicine managed to get a clause introduced protecting the candidate for medical honours from any interference with his mode of practice or medical creed. This clause, which we may look upon as the Magna Charta of our rights runs as follows:—

> "XXIII. In case it shall appear to the General Council that an Attempt has been made by any Body, entitled under this Act to grant Qualifications, to impose upon any Candidate offering himself for Examination an Obligation to adopt or refrain from adopting the Practice of any particular Theory of Medicine or Surgery as a Test or Condition of admitting him to Examination or of granting a Certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an Injunction to such Body so acting, directing them to desist from such Practice; and in the event of their not complying therewith, then to order that such Body shall cease to have the power of conferring any right to be registered under this Act so long as they shall continue such Practice."

Now nothing can be more explicit, nothing more plain, than the prohibition contained in this clause against any oppression of candidates and practitioners on account of their medical opinions by the colleges from which they expect or from which they have obtained their diploma. But this is not all. As if to obviate the possibility of a college doing such an insane thing as striking off the name of any of its licentiates on account of their medical faith, clause XXVIII of the Medical Act, which relates to the reasons that will render justifiable the erasing of a practitioner's name from the Register, concludes thus: "Provided always, that the name of no Person shall be erased from the Register on the Ground of his having adopted any Theory of Medicine or Surgery."

Notwithstanding this, we find by the *Lancet* of August 10th, that at a meeting of the council of the Royal College of Surgeons in Ireland held the previous week, "the following ordinance and resolution was finally adopted:

"No fellow or licentiate of the College shall pretend or profess to cure diseases by the deception called homœopathy, or the practices called mesmerism, or by any other form of quackery, neither shall they or any of them seek for business through the medium of advertisements or by any other disreputable method. It is also hereby ordained that no fellow or licentiate of the College shall consult with, meet, advise, direct or assist any person engaged in such deception or practices, or in any system of practice considered derogatory by the physicians and surgeons."

This resolution is evidently of native Hibernian manufacture; it is racy of the soil. Surely the Council must have allowed it to be drawn up by the college porter or some equally highly educated individual. It will be observed that the spiteful wish to insult the system it was intended to crush, has rendered the resolution as far as homœopathy is concerned utterly valueless and powerless. No one as far as ever we heard of "pretends or professes to cure diseases by the deception called homœopathy," for there is no deception called homœopathy. Homœopathy is a system of medicine or a mode of practice, but it is no deception. Patients who put themselves under homœopathic practitioners are not deceived, they know what principle guides their medical attendant, they may know what medicines they are getting, and they cannot be deceived into mistaking the violent effects of an overdose of medicine for a natural aggravation of their disease. But under allopathic treatment the patient is quite ignorant of the principle that guides his medical attendant, who endeavours to conceal the medicines he is administering by writing his prescriptions in dog-latin, and disguising the names of the medicines themselves in those prescriptions by such silly devices as *hydrargyrus* (or *hydrargyrum,* for dog-latin has not yet settled its gender) for *mercurius,* and nothing is more common than for both patient and doctor being deceived into mistaking the violent effect of an overdose for the natural increase of the disease. Therefore allopathy or the ordinary system is, if you will, a *deception* from beginning to end, but homœopathy is no deception, every thing in it is straightforward and above board. The Council might have said that their fellows and licentiates should only practise the deception called allopathy, that would have been a correct expression, but to apply the word deception to homœopathy, displays the most profound ignorance of the nature and characteristics of Hahnemann's doctrine. Therefore any licentiate or fellow practising homœopathically, might with a clear conscience take oath that he was not practising " the deception called homœopathy," for he knows no deception of that name. There have been real religions and sham religions, real prophets and sham prophets, real medical colleges and sham medical colleges, but we are not aware that there is a real and a sham homœopathy. If there be a sham homœopathy it is not that which we or our colleagues profess, and we could safely declare that we do not practise it. So this blundering Irish College by indulging its insulting spite has only rendered its resolution impotent and ridiculous.

Then again, behold the transcendant folly of the concluding sentence of this remarkable resolution. " It is ordained," says the resolution, as though it were a fiat of Omnipotence, " that no fellow or licentiate shall consult with, meet, advise, direct, or assist any person engaged in such deception or practices." Some anti-homœopathic societies in this country, calling themselves " ethical," " registration," and what not, have distinguished themselves by forbidding their members to consult with homœopaths, but this remarkable college goes a great way beyond that, its licentiates and fellows if they desire to act up to the injunctions of their alma mater will find it a matter of no little difficulty. We can imagine a conscientious licentiate put to considerable straits in endeavouring to comply with what his College has ordained in the streets of Dublin. If he sees a homœopathic practitioner coming along the street, he must forthwith turn about or cross to the other side, maybe splashing through a six inch layer of mud in Sackville Street, for he must on no account *meet* one of the "desateful craytera." Suppose he should see any of the tabooed class in danger of being impaled on the horns of an Irish bull, he must put his humanity in his pocket and by no means *advise* the homœopath to get out of the way. Should a benighted but homœopathic brother ask him the way to the Four Courts or the Phœnix Park, the college forbids him to *direct* the renegade, but has nothing to say against him if he mis-directs the villain into the Liffey. And finally he is on no account to *assist* a homœopathist in danger, but if he should see him fallen among thieves, he is to act the neighbour-like part of crossing over on the other side.

The Colleges and Societies on this side St. George's Channel have contented themselves with mildly deprecating or severely denouncing consultations with homœopathists, but this Irish College improves upon the English example, and with a smack of Papal commination virtually anathematizes and excommunicates the hated heretic, and probably would burn him if it could.

But all this is frightfully illegal, and any intimidation of licentiates and fellows by dictating what they shall practise and what they shall not is sternly forbidden and discountenanced by the Medical Act, and it looks ugly when a College which should show an example of strict obedience to the law thus openly defies it. It is surely presuming too much on the patience of mankind, if it expects that its ridiculous mandates should be obeyed when it sets the example of flagrant disobedience to a much higher law. Moreover it imposes no penalties and therefore no punishment for disobedience to its silly regulations, but seems to expect that its mere command shall be obeyed by its licentiates as though it were an all-powerful tyrant whose "sic volo, sic jubeo" would be obeyed by his trembling subjects, from a vague fear of the unknown consequences. Can anything be more ludicrous than to issue a command without the power of ensuring obedience to it? The College has evidently no power to punish or it would not be slow in publishing the pains and penalties awaiting an infraction of its rules. Such being the case, the whole conduct of the College reminds us of an old paralytic and irascible patient, who never asked his attendant to do anything for him without mumbling a threat that he would break every bone in his body if he refused.

Let us delay one moment to admire the marvellous slipshod of the concluding paragraph. Licentiates and fellows are there forbidden to perform any neighbourly act not only for homœopathists and mesmerists, but also for any one engaged "in any system or practice considered derogatory or dishonourable by the physicians and surgeons." Who on earth are "the physicians and surgeons?" and how are we to come at their opinion respecting what is derogatory or dishonourable? Are these unknown physicians and surgeons perhaps the mysterious and impalpable "Faculty" that, as appears from the advertisements, is constantly engaged in recommending all sorts of things from Strogumber ale to babies' napkins? We might have fairly expected that a learned College would have been a little more definite in its authorities than an advertizing tradesman. But we confess that we had not previously had an opportunity of studying the "ordinances" of an Irish College of Surgeons. A more extensive acquaintance with these documents might have diminished our surprise at the wording of this particular one.

But this Ananias of colleges was not to be without its Sapphira, who together have agreed to tempt not only the spirit but the letter of the law; for no sooner was the above ordinance of the Irish College of Surgeons published than out comes the Irish College of Physicians with a similar bold defiance of the law in the form of a declaration to be taken by all licentiates on admission.

"I engage not to practise," so runs the declaration, "any system or method (so-called) for the cure or alleviation of disease of which the College has disapproved; or to endeavour to obtain practice, or to attract public notice by advertizing or by any unworthy means. I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connexion with any secret or other remedy; and in case of any doubt as to the true meaning or application of this engagement, I promise to submit to the judgment of the College. And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a licentiate or fellow of the College, I thereby render myself liable, and shall submit to censure of the College, pecuniary fine (not exceeding £20), or expulsion and surrendering of the diploma, whichever the presidents and fellows of the College, or the majority of them, shall think proper to inflict."

It requires no great research to discover the authority whence this learned faculty has derived this declaration which it wishes to impose on its licentiates. It is of course evident to any one that the chief portion of it is a faithful translation or paraphrase of the oath administered to the candidate by the president of the College of Physicians in Molière's *Malade Imaginaire*

> "De non jamais te servire
> De remediis aucunis
> Quam de ceux seulement doctæ facultates," &c.

Oh Molière! what an inestimable benefit did you not confer on our Medical Colleges when you invented that admirable scene of conferring a degree on a candidate? To be sure you called it "une ceremonie burlesque d'un homme qu'on fait médecin," but our modern faculties see nothing burlesque in it, but set to to imitate it with the utmost gravity. It surely shews no great redundancy of the inventive faculty when each and all of them when they wish to prevent the spread of that pernicious heresy, homœopathy, can think of nothing but a servile imitation of the ridiculous oath of Molière's burlesque faculty. We know of no parallel to this except the case of Solomon Spalding's burlesque romance, written in imitation of Scripture language, which was adopted in all seriousness by the Mormonites as their "holy bible."

We feel that we owe our readers some apology for so frequently having to refer to Molière's play as the source of the inspiration of our Colleges, Societies, and Faculties, but really the fault is not ours, but is entirely that of those learned bodies who with dull persistency continue to copy and recopy the comic dramatist with a seriousness and gravity which only adds zest to the enjoyment of any intelligent on-looker. Surely no college or corporation of learned men out of the medical faculty would propose to candidates for their diploma anything so ridiculous and so utterly futile as the above declaration of the Irish College of Physicians. Suppose a College of Engineers were to exact from candidates for its honours such a declaration as this: "I engage not to adopt any system or method (so-called) for building steam-engines, or laying down railways, of which the college has disapproved, and in case of any doubt as to the true meaning or application of this engagement, I promise to submit to the judgment of the college, to be by it censured, fined, or degraded as it in its high wisdom shall deem most suitable."

Of course any College of Engineers acting thus would become the laughing-stock of every intelligent human being, and yet the principles of engineering are infinitely more fixed than those of ordinary medicine. Shall we then restrain our laughter because this extravagance has been committed by a learned medical faculty rejoicing in the style and title of "King's and Queen's College of Physicians of Ireland?"

We earnestly trust that for the enlightenment of possible licentiates this College will publish an Index Expurgatorius of the particular systems and methods (so-called) it disapproves of, for unless it does so, the unfortunate licentiate may be unconsciously contravening the orders and disobeying the mandates of his puissant alma mater. Considering that the licentiate binds himself solemnly to submit to all sorts of pains and penalties, including a pecuniary fine "not exceeding £20," (though why not exceeding that sum we are at a loss to determine, the College might as well have said £1000, and had just as good a chance of getting it), in the event of his professing certain systems, or methods ("so-called," why "so-called," oh! fatuous College?) surely he had a right to demand the names of such systems or methods. Would it not be a good plan, if the College were to publish an annual list of the systems and methods it approves and disapproves, for the guidance of ingenuous licentiates who wish to keep within the strict letter of their declaration? It would be interesting and instructive to observe the changes that would occasionally occur in this list. We should find that what it most vehemently recommended one year, it would denounce as vehemently the next, all the while laying claim to infallibility and anathematizing every one who did not maintain and relinquish doctrines and methods exactly synchronously with itself. We should read one year that the College approved of bleeding in all inflammatory diseases; another year we should find that it denounced such indiscriminate phlebotomy; now it would approve of salivating patients till the teeth rattled in their heads, and now it would condemn such "heroic" employment of mercury; it would be all for leeches and blisters one year, and in favour of fomentations and gruel the next; at one time such and such a disease should be treated with depletives and starvation, at another with porter and beefsteaks. In short no weathercock would exhibit such perpetual changes as would this annual bulletin, and no weathercock could by any possibility be so constantly in the wrong.

But seriously, it is a grave matter to find a College which has contributed a member to the Medical Council, engaged in bidding defiance to that code of laws which the Medical Council is expressly constituted to maintain, and it proves that the passions and prejudices of a body of learned men have so mastered their judgment as to lead them to commit an act which will virtually disable them from any further acts as a corporate body if the Medical Council does its duty. For it will be observed that Clause XXIII of the Medical Act holds out the penalty of a withdrawal of all its powers from any College which shall try to impose on its candidates just such a declaration as this of the King's and Queen's College of Physicians. It remains to be seen whether the Council will take any notice of the illegal act of the College, or whether it will tacitly allow it to break the law with impunity. We confess we have not much hope that the Council will censure its erring friend the College. But however that may be, we may be sure that the College will never dare to attempt to put in force its illegal enactment against any of its licentiates, and we may consequently regard its declaration as a mere *brutum fulmen*, a melancholy exhibition of impotent malice against a system of medicine it is powerless to check by the only legitimate means, to wit: by shewing that it can offer a better, a safer, and a surer method of cure.

HAHNEMANN AS A PHILOSOPHER.

A Festival Speech, on the 9th of April, at the Celebration of the 106th Anniversary of Hahnemann's Birth, in the Free Society of the Leipzig Homœopathic Physicians.

By Dr. Cl. Müller.

Considering the great merits of S. Hahnemann in the reform of medicine, and the great love and gratitude with which his pupils and the world-wide adherents of his doctrine have clung to him, in undiminished force, for scores of years, it is not wonderful that his deeds and efforts, his eminent abilities and talents, have often, and in various commensurate and worthy ways, become the object of searching enquiry and of eloquent declamation.

His merits as a physician, as an original inquirer and thinker, as a chemist, a scholar, and a reformer, have been brilliantly brought forward and illustrated, and are already inscribed with an iron pen in the book of history, in spite of all the contradictions of his opponents. Therefore it would be like "sending owls to Athens" [*γλαυξ ἐς 'Αθηνας*], if I were to-day to attempt anything of that kind. This debt has been paid by clearer and more eloquent voices than mine. In one view only, perhaps, something remains for the "Epigoni" to supply, in order to satisfy Hahnemann's manes, and the full requirements of history. To this pertains the development of Hahnemann's humanistic character, and especially his philosophical standpoint. For this reason, therefore, permit me, gentlemen, to offer here some remarks and observations on Hahnemann as a philosopher.

In our times, when philosophy has begun to be considered as a vanquished station, and to be thrown aside into the lumber-room of the past, it might perhaps seem superfluous, and like wasting words on the wind, to lay any stress upon this subject. But we must be careful not to allow ourselves to be swept away, without a struggle or a thought, by the ruling current of the times; nor indiscriminately to applaud its partialities and exaggerations with our eyes shut.

If philosophy has, for the time, got into general discredit, this is an injustice as well as a misfortune, which has been ascribed in part certainly to the cheerless and degenerate character of the last philosophical systems, but much more to the one-sided and defective nature of our present training, as well as to the otiose tendency in our day to pay exclusive attention to (so-called) "reality." Let the world either wholly, or at least partly, reject as untenable and useless the results which the old and new philosophy have brought to light, philosophy herself always remains as the highest object proposed to the efforts of that instinctive tendency implanted in the mind of man. Philosophy is not only the highest of all sciences, but the basis and the essence of the rest: without philosophy no science can subsist, but sinks down to mere manual labour, or at most to an auxiliary training. And this is true of medicine above all other sciences! One who even knew but the purely medical writings of Hahnemann, viz., those which pass as the groundwork of homœopathy, can hardly mistake or overlook the importance of his philosophical training in the way of representation and demonstration. J. P. Richter, who had hardly read more than the ORGANON, already calls him "an extraordinary double-headed prodigy of philosophy and learning." Also, the fashion of school and university education of that day would never have allowed a man of Hahnemann's knowledge and humanitarian refinement in other matters, to remain a stranger or even indifferent to philosophy. For then there were, perchance, amongst the educated some "exoterics." But of the ignorers (or, rather, *ignoramuses*) of philosophy, such as one meets with now-a-days *as the rule*, the specimens were quite *exceptional*. But besides these purely medical or specially homœopathic writings, it is notorious that Hahnemann also composed a great number of works on mixed subjects, *e.g.*, chemical, physical, and botanical treatises, translations, &c. Amongst these are also some shorter compositions, which have a more or less indirect philosophical tendency. And this is especially the case with several treatises admitted by Stapf in the third division of Hahnemann's minor medical writings. For example: *On the Satisfying of our Animal Wants, in a Non-Medical point of view; Socrates and Physon: a Dialogue; On the Choice of a Domestic Physician; Æsculapius in the Balance.* But Hahnemann's philosophical vein, and his accidental relation to the different systems of philosophy, are evidently best recognised and judged of in these though generally short essays. The form of these, with the universal comprehension and representation of the object that they exhibit, remind one vividly of Plato and his modern adherents; thus, for instance, the dialogue, *Socrates and Physon* (on the value of external splendour, for the promotion of content), which is kept up pretty much in the manner and spirit of Mendelssohn's *Phædon.* The views unfolded in it upon life, happiness, contentment, and morality, lean chiefly to the principles of the Stoics; and a certain colouring and imitation from the old classic time of Greece are not to be overlooked in the language and style, whilst there is equally plain testimony to Hahnemann's genuine refinement, discrimination, and delicate tact. More difficult, however, would be the task of defining to which philosophical system Hahnemann was attached during his life, or whether, perhaps, from his singular independence in thinking and judging, he did not rather remain an eclectic. As far as I know, we are without any direct information on this point, either from his own writings or the avowals of his contemporaries. His father, a man self-taught by travel, gave him a very careful training, so far as to practise him in thinking and judging for himself, and so led him on, that, even as a boy, he is said to have taken nothing for granted which he had not proved by reflection and comparison. This circumstance, which already in his boyhood laid the foundation for the subsequent independence of his judgment and character, makes one strongly suspect that in philosophy, too, Hahnemann never gave himself up blindly to a system, but had given in his allegiance to a kind of eclecticism.*

Already, at the Meissner Royal School, under the guidance of the able Rector Müller, he became acquainted with and convinced by the philosophy of Descartes, the dogmatical system of Spinosa, and the doctrines of Leibnitz, which are founded on the transition from the dogmatical to the critical philosophy. The riper and older he became, the more independently must his mind have sought and developed of itself a preponderating vitalism and spiritualism. This is attested indubitably by the direction which he struck out in medicine, and particularly in homœopathy itself, which is especially based on the peculiar observation of the dynamic (element) in the phenomena of life. Thus far, far from considering the organic life in its various aspects of health, disease, even the medical art, and the effect of medicines on the organism, as chemico-mechanical processes, instead of these, homœopathy recognised therein the exclusive dominion of a peculiar power, which is subject neither to the mechanical nor chemical laws, viz., the *vital* power; and the laws by which this operates are also her own. Thus not the mass—not the material as such, but only so far as it is vividly penetrated by this power, and thereby brought under the dominion of the laws of vitality—is the object of her investigation and the scope of her efforts. Hahnemann, in his

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* Hahnemann says on this subject, in an autobiography which occurs in Elwert's *Notices of the Lives and Writings of Living German Physicians, &c.*, Hildesheim, 1799, p. 195, and extends to the year 1791:—"My father had the soundest and most self-discovered apprehension of what can be called good and worthy of man. This he transplanted into me. To *act* and to *be*, without *seeming* (*Esse quam videri*), was his most memorable lesson; and this made an impression on me more from his example than his words. Where any good was to be done, there was he (often unobserved) with body and soul. Was I not to follow him? In the finest shades of distinction between the noble and the base, he in his dealings distinguished with a correctness which did true honour to his delicate practical sensitiveness. Here, too, he was my teacher. No exalted conception of the origin of the universe, the dignity of man, and his heart-elevating destiny, did he seem to possess, which would ever have stood even in the slightest contrast with the character of his actions. That gave me a direction from *within*."

Organon (5th edit., § 9, &c.), expressly recognises an independent vital power (autocracy), which, in the healthy state of man as spiritual, rules to an unlimited extent over the living power of the material body, and keeps all its parts in a wonderfully harmonious tenor of sensation and activity, so that our indwelling rational spirit can employ itself for the higher objects of our existence, independent of this living instrument." The material organism, considered apart from vital power, is capable of no perception, no activity, no self-support: it is only the immaterial that imparts to the former all its perception, and executes its vital action, whether in the healthy or diseased condition of the quickening principle. In disease, it is originally only the vital power that is morbidly out of tune, and expresses its suffering (the internal change) by abnormal states of the sensations and activities of the organism. The suffering of this diseased vital power, and the morbid symptoms thereby engendered, are an inseparable totality—one and the same thing. It is only through the psychical influence of the morbific evils that our psychical vital power can become diseased; and thus also it is only by the psychical ("dynamic") operation of medicines that it can be restored to health. This recognition of a purely dynamic efficacy in the medicines, led Hahnemann to his theory of "potencies," inasmuch as it brought him to the conclusion that, by a systematic attenuation (which at first he had adopted merely to avoid undesirable primary and secondary action), combined with succussion, the dynamic curative powers would be exalted, and so in a manner the effect would be more powerful and free from interference.

These axioms of Hahnemann are limited to purely medical dogmas; and on this account some one might object that, strictly speaking, they were not sufficient to throw a clear light in general on his fundamental philosophical views. I may, however, with justice assert positively, that they are far too decided and characteristic not to present to us at once and plainly his philosophical view and position in all other relations also. It seems to me, at least, quite inconceivable and impossible that a man of Hahnemann's logical precision and clearness should have embraced such decided principles in medicine, without also cherishing the same in all other matters alike. Here, if anywhere, one may be allowed to infer the whole from a part (*Ex pede Herculem—Ex ungue Leonem*); and therefore it seems to me quite a fair conclusion that Hahnemann, as the founder of homœopathy, must probably throughout his life have adhered to the same principles which afterwards became *The Elements of Natural Philosophy*—in this work further carried out, and even pushed to a point utterly untenable. So far, also, Wünderlich is right, when, in his *History of Medicine*, amongst much that is entirely erroneous, he asserts that natural philosophy gave an essential impulse to the rise of homœopathy. Certain it is that Hahnemann, although in a certain sense a natural philosopher, yet kept far and clear from much immoderate exaggeration, and, for instance, from all mystical conceptions and complications. This would perhaps be the very thing which, in the absence of any direct information or traditions, I am able to lay before you, without stepping beyond what is right and fair into the path of bare conjecture and illusion.

However common and unimportant a point this may seem to be, yet it completely suffices for the purpose of drawing the sure and indubitable conclusion that Hahnemann as a philosopher was an opponent, aye, the very antipode of the modern materialistic movement; or rather he would have been.

Permit me here at once to make a few remarks on materialism, the dominant philosophical system of modern times. If, however, I speak here of materialism as a philosophical system, I mean plainly the deliberate, sharply-coined materialistic view of the world, which has a definite thorough-going, consistent tenor; not at all that modern apparition which often passes itself off as such, particularly in medicine, and really consists in nothing more than an opposition which has suddenly set in against all hitherto received ideal elements (which it proudly exhibits as vanquished) in an arrogant contempt and negation of every thing that is not purely material; and in a crude and exceedingly self-conceited culture of that proper nature which is often extremely brutal. (v. Schweitzer). Materialism is a view of the world (and so far a philosophical system too) founded on the consideration of force and matter alone; and, by virtue of and in conformity to these, of the existing and working aggregate of the external world. It is based conclusively on the recognition that force and matter presented inseparably one with the other, keep at work incessantly according to stringent laws; and that the immense universe, with the immense riches of its incessantly changing forms, and with the full machinery of its mighty restless movement, is only a possible and positive fact, on the supposition of and in conformity to the operation of force and matter. Its leading principle is to take as a starting point for the discovery of results nothing whatever but what—1. Each one either knows assuredly by nature, or learns by observation; 2. Relatively, what the collective body of savans receives as positively attested and established by observation; and 3. Under all circumstances, what the rational, impartial, unprejudiced mind must consider as true. [See le Pere Buffier "Sur les Premieres Veritès."]

Doubt and prove! Seek and Search! Every where the cry, Evidence! Confirmation! In short, the Truth, nothing but the Truth, and the Truth at any price.

It must be absolutely settled that this is a truly scientific method—the very soul of science. Therefore materialism (as above defined) is beyond all contradiction established as a system, and stands in many respects far higher and stronger than the fruitless formulary wares of the Hegelian and the sky-scraping speculations of the Natural Philosophy. But it commits a serious fundamental error, and thereby runs a risk of utterly missing its proper aim. This I will endeavour to point out here with the utmost brevity. Ever since the pregnant apothegm of Descartes—"Cogito, ergo sum"—the main point about which all philosophizing is occupied ever since is the problem of the ideal and the real, *i. e.*, the question what part of our knowledge is objective, and what is subjective; thus, what is to be ascribed to certain things apart from ourselves, and what to ourselves. [See Schopenhauer "Parerga und Paraleipomena."] It is notorious that we men perceive all existences in the external world, only so far as we have a view, or conception of them in our mind; so far as we think, and are conscious to ourselves of the conception. The power we possess, enabling us to perceive, to view, and to know, operates according to definite rules peculiar to itself, set in motion by external stimuli. If then the external world be apprehended in the working machinery of our collective mental faculty, then these outer objects must receive some subjective addition, not proper to the thing itself, but proceeding from ourselves, and therefore generally must take a subjective shape, founded in the constraining and predisposed nature of our own (the subject's) instrument of perception—our own phase or form of thinking. Accordingly, the images received in our brain are all that is immediately known to us; they are our *data*. But, what proportion or relation these may bear to the things *themselves* (which are entirely separate from and independent of *ourselves*, and become somehow or other the causes of the images)—whether there exists any certainty that there are such things at all, and whether, in that case, the images give any explanation of their nature—this is the very problem, and consequently the main struggle of the philosophers for the last 200 years, viz., clearly to separate the ideal, *i. e.*, what belongs to our knowledge solely, and as such, from the real, *i. e.*, what exists independently of that knowledge; and thus to establish the proportion or relation of the one to the other. It is the question as to the thing in itself, in contradistinction to the appearance: the question how far this world is real (a thing per se), *i. e.*, independent of the representation of externals formed in our brain, and how far it is ideal (an appearance), *i. e.*, what and how much addition is made to that representation of our own peculiar mental perceptive apparatus existing in us, which necessarily colors the external material according to its own proper nature, and forces it to its own proper form. [See Schweitzer, der Zeitgeist in dem Christenthum, O. Wigand, 1861].

But materialism takes the world no farther than being just as it appears to us. It utterly ignores the fact, that what exists externally to us is known immediately to us only in our consciousness. So the question about the ideal and real falls away entirely in this view.

To the materialist, for instance, the table exists merely as what it appears to us; namely, the sum of all the predicates which we perceive in it by means of our mental apparatus. Materialism thus defines itself as a view of the world which rests upon the exclusive observation of the external, with an ignoring of our own internal, and therefore of that wherein itself appears; and this is just the source of the errors to which it has already led, and must continually lead. What can not be seen with the naked eye or by the aid of lenses, what can not be grasped with the hand, that, to the materialist, has no existence at all.

This maxim, authorized in a certain sense for physical experiments, is of course highly exceptionable in all metaphysical questions, especially such as deal with conceptions of the world on a grand scale or universally; with a general view of the Cosmos. Hence the crudity and Bæotian stupidity of materialistic comprehension and judgment in all questions merely touching metaphysics; hence the confused blundering or else avowed recklessness of the materialists under the fatal head of self consciousness; hence the otiose ignorance or sovereign contempt of all the efforts and results of the previous ancient and modern philosophers. Hence, in a word, the source of the blundering and the "*drag*" that attends every step outside of the narrow circumscribed circle of the natural sciences proper, so that materialism finds its level where it began, viz., in the treatment of these last, and is only overstepping its true boundary when forced into a one-sided view of the universe.

Accordingly materialism is in a manner nothing more than a natural reaction against the Hegelian philosophy; for as the majority of mankind are ever falling out of one extreme into the opposite error; or, in other words, as the progress and development of science, and men of society is always made by starts, or oscillations, [See Die Kritik der Wunderlichschen Geschichte der Medicin, hom. Vjschr. x. 175], so it is very clear that, out of the extreme of playing with abstractions, men took refuge in an extravagant preference for sensible, tangible, physical matters. Philosophy of course has to do in part with superlative or transcendental notions, in which of course apodictic demonstrations are impossible, and where but little is palpable or accessible to ordinary imaginations. So when those who have a mind to demand everything plain and comprehensible, come to ideas which we cannot comprehend, they fancy that what we cannot conceive must needs be inconceivable and impossible. That, however, alone is inconceivable and impossible which involves a contradiction, and is therefore inconceivable to *any* intellect; whilst that which *we* cannot comprehend merely surpasses the degree of our present powers of comprehension. [H. Ritter, Die Unsterblichkeit, p. 66].

The procedure of the materialists in confining themselves to the plain departments of science and to tangible things, is at once however impracticable for this reason, that a *profound* examination of any of the "plain" departments always drives us into the obscurity of the transcendental. Rightly, therefore, says Kuno Fischer in this sense: "A philosophy which ceases to apprehend, ceases to be philosophy: and a philosophy which begins not to wish to apprehend (*i. e.*, materialism which unthinkingly will apprehend the unthinking) is to be accounted of the class to which it belongs according to its own peculiar conception: 'the irrational creatures!'"

A FEW REMARKS ON HYDRASTIS.

By Dr. Bradshaw, of Nottingham.

It becomes the duty of those practising the "ars divina medendi," where large opportunity is given them, to now and then give their experience of a vaunted remedy, after administering it in the way advised by its introducers, and endeavour to sift out and test its declared virtues, and by these means arrive at safe conclusions.

Hydrastis canadensis may perhaps be puffed into a notoriety to which it can have very little claim, viz., in cancer curing—but every medical man will hail with delight a remedy that alleviates and soothes suffering. I have been trying Hydrastis, and watching for remarks from my medical brethren for and against the medicine. I read carefully a small work by Dr. Pattison of St.

John's Wood—("Practical Treatise on Cancer,") and laid the book down with a sigh. I expected to find something definite and worth notice, having opened the book at the end and seen the names of Drs. Wilkinson and Bayes. I fear their testimonials are on a par with those given to that wretched puff "Dr. de Jongh's Cod-Liver Oil!" I felt sad after reading such a work, written, not to give any information whatever, but merely *ad captandum publicum*, and asserting cures of cases, which I fear are contrary to the general experience of the profession.

But why complain of the man, or his book, when he belongs not to us; if we could claim him, such a monograph as that put out by Dr. Pattison, would call for our strongest animadversion. I hope he will give some medical reports in the journals, and let others test the truth of his assertions.

Hydrastis must and will be now well tested in cases of cancer; my testing so far has been unsatisfactory, and this has caused me some sadness after perusing the wonderful cures of cancer in Pattison's work; but if other medical men find a tithe of the benefits from the medicine he asserts he has found, we must render him our thanks.

I do not know Dr. Pattison, nor have I had any communication with or about him, so can bear no ill-feeling against him personally—this is only a right explanation after condemning his book. The following cases testing Hydrastis seem to me to be worthy of notice. I have given the medicine from the 1st to the 6th dilution, although the number is not always specified in the cases given.

Case I.—March, 1860.

Mrs. S——, æt. 40, mother of five children, has generally been healthy, with exception of broken breasts twice after confinements—two of her relatives died of cancer—been under medical treatment, and her last doctor wanted her to go into the Hospital for operation—came to my Dispensary; looks sallow, bilious, and unhealthy, although she says she is well, with the exception of shooting and darting pains through left breast, which have been teazing her for two years; has been under different treatments and all made her worse.

Catamenia regular but too profuse; bowels confined; kept awake at night by pain.

Examined the mamma; unmistakable carcinoma in the nodular form, very hard, knotty and uneven, and breast lost much of its moveableness, having become adherent to the skin which had a large patch of erysipelatous inflammation all round the nipple, indicating a speedy ulcerative destruction. I think this state had been aggravated by painting with Tr. of Iodine; gave her Belladonna 3 every four hours, and to bathe her breast frequently with warm Chamomile water, and keep on a compress of it.

8th. Very much easier; inflammation subsiding, and looks better in all respects. Cont. Bell.

16th. Much better; skin looking shrivelled, and tumor rather more moveable; gave her a pilule of Hydrastis 1. four times a day. She went on taking this remedy for two months with benefit to her general health—the Hydras. evidently exerting an absorbing counteracting influence over the scirrhus tumor—this was manifest to me, and I quite hoped to have a case of cure, or at all events that the evil day would be postponed; alas! no: she heard of a notorious quack in the neighbourhood who cured cancer—"the Old Woman of Wing!"—she gave her two gallons of herb drink!! and, in two month's time, she was as bad as when I first saw her. She sent for her club doctor again who lanced the breast, ulcerations and hæmorrhage followed, and death soon ended her sufferings.

CASE II is an extremely interesting case.

Mrs. N——, æt. 58, two children, has always enjoyed good health; very susceptible to the action of medicine, and has not taken anything for years excepting homœopathic medicine, and that in globule doses of 6 or 12. She came for my advice rather more than a year ago, stating that she had only a week or two before discovered that her left breast was larger than her right, and felt heavy; she said she was quite well. I examined and found a large hard tumor in left mamma, as if the whole of the breast was in a state of induration, and some parts of the swelling tender; the left breast was about twice the size of the right; gave her Bell. and told her to apply a tepid water compress. At the end of the week she came, stating all pain had gone and she felt quite well; said she thought the affection was cancer and wanted my candid opinion. I told her I feared it might prove so unless we could cure it or stop its progress, and gave her Arsen. and Conium to take for a month. She came again in a month just the same—I fancy the tumor felt rather harder and heavier. It then struck me that this was a capital case for Hydrastis, I therefore gave her one pilule 1 four times a day. In a few days, without consulting me, she went down to Dr. Sharp at Rugby to get his opinion of her case: he told her it was not cancer as I had said but scirrhus, and he kindly wrote me advising me to give drop doses of Hydr. as it was such a good case to test the medicine. She came in a few days and I gave her the tincture instead of pilules, and in about a week's time she came to me saying the medicine made her feel so wretchedly ill she could not continue it. I begged her to take a quarter of a drop and come again in a week's time; she then said, "I will take no more, as I feel it would kill me, for it brings on such uneasiness in the chest and palpitation. On feeling her pulse I was startled—it was fluttering and intermittent; auscultation shewed the heart was beating irregularly and tumultuously and she looked nervous and ill. I gave her Lach. every four hours, and in a few days she was quite herself again. This is a curious case: the lady has no cardiac disease nor have I known before such vascular disturbance. She also went to London and took the first allopathic opinion there, which quite coincided with Dr. Sharp's and my own as to the nature of her complaint; she is now taking after great persuasion on my part, gl. doses of Hydrastis, and her disease seems stationary.

CASE III.

Mrs. M——, æt. 60, widow, seven children. March 5. Well formed stoutish woman; has generally enjoyed good health, until the last year when she got very wet, and a shivering fit followed. She sent for her medical man who said she had inflammation of the liver, and was leeched, blistered, and salivated. After about six weeks confinement to bed, she got about again but never felt well, and about six weeks ago began to turn very yellow, and her medical man wanted to treat her as before. She came to my Dispensary quite jaundiced; stools white and frequent; urine very dark coloured; skin hot; tongue coated; feels very wearied and depressed; legs rather anasarcous; bad nights; no appetite; no cough; slight difficulty of breathing; much fulness and tenderness over hepatic region; great aching in shoulder blades, denoting congestion or chronic or sub-acute inflammatory action going on; apply compress and take an Hydrastis pilule 1, every four hours.

14th. About the same; fancies appetite rather better, and tougue looks rather cleaner. Cont. Hydras. and compress.

25th. Better; stools more bilious, and can eat, and sleep better. Go on with Hydras. and compress.

April 2nd. Still improving, and looks better, but complains of medicine purging too much. Cont. Hydras. and compress.

20th. Better in all respects; and in a few weeks more I discharged her comparatively well.

Case IV.—*Mucous Irritation et Morbus Medicinalis.*

This next most interesting case I must shorten much.

July, 1860. A. B——, æt. 52, single, been ill fourteen years, but always delicate; constant vomitings; bowels always constipated; wretched nights; tongue coated; looks ill and pale, thin and hysterical; lost mother, brother, and sister from phthisis; had much mental anxiety, and never out of the hands of her medical advisers; took diligently every thing prescribed for her, each year getting worse and worse. I could detect no actual disease about her; pulse quiet; faintings every day from exhaustion, still appetite pretty good, but nearly all the food returning intensely acid. I looked over a host of prescriptions —she had taken most of the alkalies, and some of the acid mixtures made her very ill—this was as bad a case of dyspepsia as I have ever seen. I fancy the large amount of acid secretions and mucous thrown up daily had been induced by the large quantities of alkaline mixtures given to counteract such, and which had quite a contrary effect. Not much was to be hoped for from dieting, as some of her advisers had strictly attended to that.

I began with Bryonia, and during twelve months went through a long list of medicines, certainly improving her general health and affording her more ease and comfort; but two great difficulties remained—acid mucous vomitings, and obstinate constipation. One cannot be surprised at the peristaltic action being paralysed after sweeping out the bowels alternate days with drastic purgatives for years. These two difficulties I could not get over. Nux and Ipecac. seemed to relieve the sickness the most. I thought this a good case for Hydrastis, so gave her drop doses of 1, every four hours. She complained of Hydr. making her feel ill and nervous. I advised her to take 2 drop doses and go on regularly. In about six weeks she writes me —sickness about gone, and I do not think I shall want any other aperient medicine!

Whilst she was under my treatment I begged her to avoid purgatives, and she went a week and ten days, and I feared enteritis from obstruction and pure inaction. Castor oil and many of the purgatives had lost their effect from constant taking. If Hydrastis keeps up its beneficial influence, I think we may anticipate benefit from this medicine in gastric and hepatic derangements.

Cases V and VI.—*Uterine Cancer.*

A. B——, æt. 40, married, seven children, has generally enjoyed good health until last three years, when she had a difficult long labour and much flooding; she came to my Dispensary saying her doctor could do no more for her as she had cancer of the neck of the womb, and had also been to the Hospital, and there examined. She had all the symptoms of this horrid disease and now seemed in the second stage—organic disease-looking face—gave her Arsen. and Conium alternate three days. As she could not walk to me (about two miles), I visited her at home. On examination, much ulceration of os and cervix, and the surface of the vagina covered with a nasty sort of aphthous exudation; great pain in passing speculum;

much dirty looking, stinking discharge; says "I am quite well except this complaint;" much hæmorrhage at times. Hydrastis every four hours, and a weak injection of it two or three times a day. For the first few weeks she fancied she rather improved, but the disease steadily progressed, and death closed the scene.

C. D——, æt. 60, married, five children, enjoyed very good health till the change; living in a very healthy part of the country; her mother died of cancer—very similar case to the last—put her on Hydrastis which she took for two months with no benefit. She returned to her club doctor and died.

Case VII.

A. J——, æt. 37, married, been ill about three years; constantly causticked and lotioned for ulceration of neck of womb, consulted me about a year ago as she had been getting worse and worse. On examination found cancerous disease of cervix and os; fœtid discharge, &c.; in a few weeks she was entirely confined to the sofa. A clever allopathic surgeon also saw and examined her whilst I was attending: he said nothing could be done except soothing her way to the grave with opiates. I gave her Hydrastis six months ago; she lingers on suffering less, and the disease seems arrested. This I call a negative case. I fancy the Hydrastis has been of benefit, but not permanently so, as I fear the result will prove.

Case VIII.—*Lupus, or noli me tangere.*

Mrs. D——, married, three children, ill three years, and principally been under Hospital and Dispensary treatment, but gets worse. Nasty dirty ulceration at left side of nose, with much fœtor and encrusted and elevated edges—says quite well in health in every other respect, and now suckling child six months old; can eat and sleep well and merely complains of the burning heat round the ulcer; gave her Arsen. and then Bell.; no better; then Hydrastis, and a lotion of the same to bathe it with; no improvement whatever, and she ceased to attend.

CASE IX.

——, æt. 44, married, has been nearly half his days under medical treatment, and by some of his advisers treated most heroically; although he has been always delicate, still his florid look and inflammatory diathesis made him a regular victim; large bleedings often from the arm; leeches and blisters very many; many times ptyalised; powerful drastic purges until they nearly lost their effect. I was requested to see him by a friend —he was just going through his usual treatment—the week before he had a pound of blood taken from his arm, then an emetic, and a grain of Calomel guarded with Dover's powder every three hours, until the mouth was so sore that he could only take cold fluid. The day before I saw him he was cupped, a blister behind the neck, and a saline mixture with Ant. Tart. $^1/_3$ grain doses; and as they wished to take a little more blood from the arm I was requested to see him.

He was suffering from acute iritis, and penetrating ulcer of cornea which seemed to be nearly through; intense headache, which I set down to the Opium and treatment; great restlessness; hot skin; and pulse wiry, quick, and rather hard; tongue very coated and tremulous, and, poor fellow, very nervous and excited, having heard two attendants say that there was little chance of saving the eye. He had been in bed in a dark room about a fortnight. This was the third attack of the kind he had had, and each time nearly killed to get well. "Oh!" I said, "cheer up, you will get quite well."

Acon. 3, Hep. Sul. 1, a drop alternately in a wine glass full of water every three hours; some weak chamomile fomentations and a compress of the same; some very weak fowl broth (a fowl to about a gallon of water), and farinaceous food. I was a new convert to homœopathy, and reasoned, if the poor fellow requires further lowering I had better feed him so as just to keep body and soul together until the inflammation subsides. He went on improving with scarcely a relapse, but the opacity of the cornea was not removed for about five years. Before he abused and laughed at homœopathy, now he is a staunch believer. This case is without the slightest exaggeration and occurred some years ago. But the morbus medicinarum remains; hæmorrhoidal swellings which bleed profusely at times but none external, as he always took the precaution of returning prolapsus, &c.; much prolapsus recti; dyspepsia and difficult evacuations. He is very regular in all his habits, or must have died long since. Two years ago a discharge from the anus, rather offensive, dirty looking, which obliged him to wear a bandage, evidently an exudation from the hæmorrhoids, came on with at times herpetic rash. I tried everything I could think of without the slightest benefit. Nux, Calc., Arsen., and cold bathing seemed to give the most relief. He returned to allopathic treatment for a time and had Sulph., Zinc, Lead, and astringent lotions, &c., and after taking much medicine without any benefit came back to homœopathic treatment again. Hydrastis half a drop night and morning and apply a lotion of the same at bed time: the effect has been most satisfactory in giving him comfortable stools and diminishing the discharge, and it always takes away the irritation. He has used Hydras. now more than three months.

CASE X.—*Scrofulous Diathesis.*

Mrs. M. P——, married, seven children, cervical glands suppurating and much swollen, and this going on for two years until she has become very weak; looks unhealthy and weak although suckling very fine child four years old, and all her children look well and strong. Thought her doctor's stuff had pulled her down and had done her no good. Hydrastis 6—4 in die: for a month no improvement; in two more months there was a manifest improvement both in general health, appearance, and state of glands. She has taken Hydras. now for four months with evident benefit. I fancy the action of Hydrastis is somewhat allied to that of Iodine, as it seems to exert a powerful influence over the glandular and absorbent system.

In giving these few cases I hope others of my medical friends and fellow-workers will let us have their experience of the action of Hydrastis. Dr. Bayes seems to have met with far greater success with the remedy than I have done. I still intend to test it further in cancer cases. I know it acts beneficially in obstinate cases of constipation, scrofulous swellings, chronic sluggish ulcers, hard glandular swellings and indurations.

The evil is, we expect a remedy to cure everything, find it fail, and it is thrown on one side for some more favourite novelty of the day. I fear I must agree with Dr. Hastings, that so far as I have seen and tested Hydras., cancerous disease progresses under its administration. I regret ignorance of enucleating the disease and getting healthy healing soon after —vide Dr. Pattison—certainly the great number of cases he has—"*case* 918"—proves his great experience experimentally of this medicine.

A DIALOGUE.*

NOTHING seems so strange to physicians brought up and initiated in the ordinary practices of the classical school than the employment of our medicinal dilutions. Every one of us, doubtless, has heard honourable practitioners of the old school, who acknowledge the insufficiency of their therapeutics in practice and long for something better, confess that they saw the necessity for physiological provings of medicines, that our law *similia similibus curantur* seemed applicable in many cases, but that they could not get over the dilutions, that it seemed to them improbable, indeed absolutely impossible that such infinitesimal doses could have any effect.

Any a priori discussions on this subject would be a mere waste of time and trouble; all the attempts that have hitherto been made to explain the matter have failed to furnish convincing proof. One means alone remains for those who are capable of observing and recognising the truth, to give them clinical proof of the action of infinitesimals.

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* The author of this article, which appeared first in the *Hom. Vierteljahrschrift*, vol. xii., is, we understand, one of the most learned of the homœopathic body. He has long retired from practice, and now appears as the dashed good-natured friend, who tells us a few disagreeable truths, just to bring down our pride a bit. We think it highly desirable that some of our body should occasionally be told by a competent authority that homœopathy is not quite the system of mathematical certainty they are in the habit of representing it to be. Still, that it is not quite so bad as the "dialogue" would make it out to be is very well shown by the postscript of our excellent colleague Dr. Cl. Müller.—[EDS.]

This is what I did with a medical friend, a very learned physician, who had a large practice among children. I had the good fortune to be able to show him such undeniable curative effects, which could not be attributed to nature alone, that he was unable to conceal his astonishment, and was forced to acknowledge the incontestable facts. The last argument usually employed, viz., to ascribe the cure to the influence upon the imagination, was not available, for the cures were performed on children. He therefore resolved to devote his attention to this wonderful homœopathy, and to be initiated by me into its mode of treatment.

I gave him the *Organon* to read and also the first volume of the *Chronic Diseases*. This proved a great mistake. How could I for a moment suppose that antiquated views belonging to a previous century, which were quite out of keeping with the present position of medicine, could produce the slightest favourable impression on so learned a practitioner? He soon gave me back my books, and expressed his regret that he had lost so much valuable time in their perusal. I need not here report all the plausible objections he offered. These have already been repeated till we are all sick of them.

I myself participate in the dissatisfaction which he felt with all the books treating of general pathology or therapeutics. To attempt to screw up a science like medicine, which is still so poor in positive incontestable facts, to the height of synthesis, is a piece of arrogance that always ends like the Tower of Babel in a confusion of speech and ideas.

"I shall take for granted," said my friend, "as perfectly good and true, all that is written in your fundamental treatises. What must I do in order to obtain practical proof of their theoretical doctrines? How must I set about finding the remedy for a given case of disease, according to your principles?"

I showed him the 5 vols. of the *Pure Materia Medica,* the 4 vols. of Symptoms of the *Chronic Diseases*, *Hartlaub* and *Trinks,* 3 vols., *Stapf,* one vol., *Hering,* one vol., one vol. of

Journal für Arzneimettelhere, then 21 vols. of the *Archiv*, 23 vols. of the *Hygea*, 4 vols. of the Austrian *Zeitschrift*, then a long row of German, English, French, Italian, Spanish, and American Journals, and told him the large and well-filled bookcase contained our pure Materia Medica.

In order to obviate unnecessary objections, I shewed him a list I had drawn up in the course of years, where the names of many hundred more or less perfectly proved homœopathic medicines were registered in alphabetical order. After the name of each medicine I had marked where in the above library of books all that related to it was to be found.

I shall never forget the astonishment depicted on the face of my worthy friend on my exhibiting to him our rich treasury. But, as I soon found, it was not the astonishment of admiration, he was only astonished that on such an important subject I should (as he thought) be attempting to perpetrate a joke. "What," says he, "do you mean to tell me that any one of you has read all this, that any one who has ever read it, can retain any of it in his memory! that any one is capable of remembering the symptoms of even the most common medicines?"

I prudently forebore to mention, that there are in our body well-intentioned individuals, who are constantly preaching that in order to study the medicines properly we must always go back to the original source, for that there only is the stream pure and unpolluted. So I just let him believe that I was only jesting with him. I said nothing about the unsuccessful and exploded attempts at symptom-registers of Schweikert, Weber, Rückert, and Hartlaub. I shoved them quickly to the back of the bookcase, in order not to be obliged to enter into useless explanations regarding them, and I directed his attention to a shelf whereon were arranged Rückert's *Kurze Uebersichten*, Bönninghausen, Jahr, and Noáck and Trinks.

"We have," said I, "some works prepared with great labour, wherein the effects of the medicines scattered through so many books are collected and registered. These works are moreover provided with indexes wherein the symptoms are arranged in a certain order. When once we become familiar with the machinery, which of course requires a certain amount of study, we can find any symptom we are in search of—if it exists."

I refrained from entering into further explanation, and only added, with the help of these works we might always be able to refer to the original source if we wished, or thought it necessary. I remembered having read in the *Allgemeine Homöopathische Zeitung*, that Attomyr had compared the two works of Jahr and Noack and Trinks and had found that Jahr's *Symptomencodex* was inferior in completeness to the work of Noack and Trinks. This circumstance alone, and not any preference for the one or disparagement of the other, led me to take the three thick volumes of Trinks out of the bookcase and give them to my friend to take home with him for inspection.

When next we met, he told me that he had read the preface with great pleasure, and had also looked through the symptomatology of several medicines. I shall now repeat a portion of the conversation that ensued between us on the subject.

He.—I perceive that the theoretical part of your doctrines has already been the subject of vigorous attacks. I observe also that there are already, in your church, parties and sects who fight over certain maxims with much zeal, and conduct themselves towards one another like the bitterest foes.

I.—This ought not to excite your astonishment. It is but the natural course of things, as it has always been in the history of human development, and as it will ever be. In every case where mathematical, incontrovertible proof for or against an opinion cannot be offered, and such is the case with medicine, the conclusion arrived at depends solely on the various degrees of scientific education, or the maturity of the observer's intellect, and from the point of view from which he observes the subject. Hence it is that each forms a perfectly just judgment from his point of view and from his degree of knowledge. But considered from the point of view of his opponent the matter appears quite different, and an opposite conclusion is arrived at. How is agreement possible? All the paltry springs of action, such as wounded self-love, ambition, avarice, etc., mingle in the matter, and a simple misunderstanding degenerates into open enmity. There is nothing more horrible than scientific fanaticism, nothing more pitiless than medical strife, wherein the man is mercilessly sacrificed to the opinion. With blind fury they hack one another to pieces. The power that might have been so usefully employed in developing the subject, is wasted in endeavours to inflict as much mutual injury as possible. Let it not however be supposed that there are parties, all the individual members of which think alike. If the medical brethren are divided into two hostile bands, the strife and controversy will spring up anew among the members of each party. Make fresh sub-divisions, until there remain but two individuals, and betwixt these two it will not be long before division ensues.

He.—I am not astonished at the quarrelling, I only remark the want of harmony prevailing among you, just as among the doctors of the old school. No weight whatever is to be attached to it. If homœopathy be really an advance of the never-resting wave of knowledge, then, in spite of the obstacles opposed by its adversaries, in spite of the useless discussions of its adherents, it will gradually penetrate more profoundly into the domain of science, and gradually establish there a safe harbour. If it be a mere product of a wave caused by the passing breeze of enthusiasm and love of the marvellous, we shall not have to wait long before we see it break on the flat shore into a mere mass of sandy foam. I shall pass by all your internal dissensions, and care not what significance, what interpretations any of them afford to your facts. But I will have facts, these I will examine, I will see *designedly produced, repeatedly produced* facts, and I will not be put off with mere accidental occurrences which you could not foresee and cannot reproduce when wished. I am not a young practitioner, just entered on practical life, from whose eyes the scales have just fallen, whose sanguine hopes have been dissipated one after the other like mists before the sun of reality, who has quarrelled with his art, who to escape the meshes of an all-destroying negation has in despair cast himself into the arms of homœopathy, or sworn fealty to Rademacher's banner, or betaken himself to the cold-water, dry-cupping or electricity trade, or rushed into the preternatural wilderness of animal magnetism, or who endeavours to cure all diseases during some months of the year by some mineral water or other. Taught by experience I have long seen the absurdity of expecting greater things from medicine than it or any other human science can furnish. I have learned to restrain my hand from all therapeutic operations in many diseases that we never cure, and I have learned to leave to their natural course many other diseases which *always* get well of themselves, and I have not thereby lost conceit of my medical usefulness, but on the contrary have rather felt more satisfied with the services I have rendered my patients. He who pulls away a fellow-creature from the bank of a deep river into which he was about to precipitate himself, is just as much a saviour of his life as if he had a little later drawn him out of the water. I have often averted a great danger by some apparently unimportant dietetic injunction; and by some slight alteration of his position, by laying him higher or lower or on one side, done more towards the recovery of my patient than if I had tried on him the whole allopathic or homœopathic pharmacopœia. In the old school we are not entirely destitute of medicinal remedies. Shew me ten other medicines comparable to quinine, iron, opium, mercury and iodine, and I would desire nothing more for medical practice. That there are many bad practitioners who do much harm with many medicines, is not the fault of the medicines they use, it is the fault of those that use them improperly. That the opposite sin is committed by your homœopathists, I have often had proof. Not long since one of your great guns had under his treatment a patient who suffered excruciating torments from neuralgia of the trifacialis. For weeks, globules, bottles full of medicated waters, and things to smell were tried. Many of the medicines I know not by name, but this I know, that stramonium was one of those given. The patient, worn out with suffering, applied to an allopathic doctor and was rapidly cured by tincture of stramonium seeds. I do not mention this as a reproach to homœopathy, just as I would not lay the blame on allopathy when certain practitioners stuff their patients with mercury as full as Strasburg geese, or when others overload their patients with iron or convert them into negroes with nitrate of silver.

I confess to having seen not once but many times diseases cured by homœopathic dilutions, which I did not think were curable. Under my own inspection they cured caries of a finger-bone in a scrofulous child; they also cured erythema in a newborn infant, which I thought was incurable. I can further certify that I have seen curable diseases more quickly cured by homœopathic remedies than in any other way. You and every other honest homœopath will also allow that diseases are sometimes cured by undiluted medicines, without any bad consequences following.

What is particularly attractive to me in homœopathy is that you homœopathists assert you are able to determine *a priori* what diseases shall and must be cured by a medicine; whereas we only know *a posteriori* which disease a medicine has cured. We have only a knowledge of the fact, you maintain you have a prescience of the future. This I should like to have proved to me, otherwise I am compelled to believe that you grope about in the dark just like ourselves. You are allopaths who give exclusively diluted medicines, whereas we give them only exceptionally, as aura camphorata, emetica en lavage, digitalis in milligrammes.

I.—My worthy friend, you are not so very moderate in your demands on homœopathy as you would wish to appear; you ask for impossibilities. You require a seer's power to illume the hidden future that belongs to prophets only, and yet you know as well as I, that such gifts are beyond the bounds of nature, that probably no science will ever be able to reach so far. I might justly close the discussion here, for to demand an impossibility is to resolve beforehand not to have one's wishes complied with, just as draconic laws ensure impunity for crime, because the human judge cannot carry them into effect. If by foreseeing the future you mean merely the predetermination of the manifestation of certain phenomena according to certain physical laws, then I find your demand quite justifiable. You may justly demand of an astronomer that he should tell you, that he should in fact prophesy to you, when a certain star will become visible in the heavens. But he could only comply with your demand when the course of the star has been ascertained and determined by a long series of observations. After that, nothing is more easy than to foretell when it shall appear, and where it is to be found at any given moment. But suppose it is a newly discovered heavenly body, then to demand that its future movements shall be foretold would be considered mere childish curiosity.

In order to foretell the effects of a medicine in that sense, we must first have investigated the whole course, the whole sphere of action of the medicine on the healthy. "The medicine," says the author of the preface to Noack and Trinks, "must be proved on healthy individuals of every age, sex, and temperament, under the most various conditions, so long and so repeatedly, until no new hitherto unobserved symptoms are elicited, but only the previously observed and carefully registered effects appear repeatedly, and thus their positive character is indubitably ascertained." If we formed a materia medica thoroughly proved in this way, then we should be prophets, we should be able to foretell the curative effect of any medicine. That this is not yet the case, I along with many of my colleagues honestly and candidly confess.

You will no doubt answer me by saying that my comparison does not run on all fours, that the perfectly proved medicine gives us a positive knowledge of its effects on the healthy, that hence we should be able to foretell its effects on the healthy according as they are influenced by age, sex, constitution, period of the day, &c. But this does not prove the truth of the prediction, that similar phenomena on the diseased must be cured by them.

He.—Stop, 'stop! Dont paint the devil blacker than he really is. You give me credit for more slyness than I possess. You credit me with hair-splitting arguments, that would never have entered my head. Let us not roam so far into space, let us stick to mother earth, and there let us confine ourselves to the domain of diseases. I shall not allow myself to be seduced by you to venture on the slippery ice of theory. One step further and we shall be deep into the explanation of the *similia similibus*, we shall be puzzling our brains to determine what is similar and what is the same, and so we shall go on till all is blue. And yet with all the disputation we should not arrive a bit nearer the mark, nor should we be a bit more capable of curing any disease. I shall put my question so clearly that there shall be no possibility of misconception. Let us betake ourselves to the lists of practice to which we should never arrive by any such subtle encounter of our wits. Let us select a disease, one of the commonest diseases of daily occurrence, infantile diarrhœa. Are you homœopathists, even granting the correctness of your therapeutic law for this single disease, able to decide *a priori* from your medicinal provings, what remedy is capable of curing this disease ?

I will shew you homœopathists what a good-natured considerate fellow I am, by conceding that it has been hitherto impossible to prove all medicines on infants; that consequently you must consult the symptoms developed in grown-up persons when you have to treat children; that you have not as yet been able to prove your medicines thoroughly; that many gaps still remain to be filled up in your provings; and that there are some varieties of infantile diarrhœa you cannot cure, on account of the insurmountable obstacles opposed by the imperfections of your Materia Medica. Could anyone make more liberal concessions ?

I only ask one thing. Shew me in your records of homœopathic cures, the cases that have been published of cures of infantile diarrhœa. I shall not accept your own unpublished observations, for I might unjustly suspect you of adapting your observations to my demands. I therefore must confine myself to what has been already published. Shew me that the cures obtained are ascribable to a rational *a priori* selection, and not to blind chance, and that as often as the diarrhœa has occurred in the same form and under the same conditions, it has always been cured by the same medicine. In other words, shew me that the homœopathic practitioners who have cured this disease have chosen the remedy they used because the symptoms of the disease are to be found in the Materia Medica as appertaining to that remedy—that, in short, the cure was not effected by chance, nor in consequence of curative indications derived from the old school of physic.

I.—This time I find your request perfectly reasonable. I have, to be sure, never myself made such a comparison *a tergo*, but I hope that the investigation will succeed in satisfying you. —I took down Jahr's *Manual*, and looked up "Infantile Diarrhœa." We found Rheum, Chamomilla, Belladonna, Sulphur, Ipecacuanha, Nux vomica, Bryonia, Carbo vegetabilis, Dulcamara, Antimonium, Arsenicum, enumerated as medicines that had cured the disease. Then, as medicines that were merely recommended, were Hepar, Jalap, Magnesia, Mercurius, and Sulphuric acid.

He.—That is a splendid arsenal of remedies; and I must confess that your pathological knowledge in reference to the various forms of this disease must be infinitely greater than ours. We know but two forms of infantile diarrhœa, the catarrhal and the inflammatory. You appear to have penetrated much more profoundly into the diagnosis of this disease.

I.—We are far from having any such pretension. I believe that very few homœopathists or allopathists either can define with certainty the limits that separate catarrhal and inflammatory diarrhœas. If you find so many remedies indicated, it is not because we know a greater number of forms, but because we individualise very minutely. According as the diarrhœas arise from different causes, as a chill, over-feeding, &c.; according as they occur at different periods of the day or at different seasons of the year, and according as they are accompanied by different morbid symptoms, so are the remedies to be preferred different.

He.—I will for the nonce accept your individualization explanation for good coin; we can afterwards test its genuineness. But shew me what has guided the author of this book in his selection of these medicines. You told me it was deduction from successful cases of cures. Are those cases taken from the author's experience; and if so, where is that recorded? When a writer in a periodical wishes to direct the attention of his colleagues to the treatment of a malady, it is quite allowable for him to do this by means of a short or a long remark. For this is as much as to say: "My dear colleagues, I make no claim to be considered your teacher; my experience is not sufficient to furnish certain proofs; I merely record the imperfect information I possess: do not, then, ascribe to my remarks a greater value than they merit, until they are either corroborated or refuted by more accurate investigations." But when one publishes a text-book, a guide, it should only contain what has been thoroughly tested and confirmed by undeniable, clearly diagnosed cases of cures. Therefore if it is the result of the author's own experience, where are the documents for it, if of the experience of others, where can we read the cases on which it is founded?

I. Verily my friend you are continually contradicting yourself. At one time you demand an unattainable perfection, at another your concessions know no bounds. You have no moderation, you never seem to recollect that our method of treatment is the youngest of the many methods that have flourished during the thousands of years that medicine has existed, and yet you demand from an art which has scarcely put off its swaddling clothes a perfection which you have searched for in vain among the works of the most distinguished physicians of all ages! We have not hundreds of hospitals where we are privileged to make and to collect methodical observations. We must devote a portion of our powers to defend ourselves against the calumnious attacks of those who envy our success, we must work for our daily bread, we have no office-bearers paid by the state, who have their kitchen and cellar provided for them and can give themselves up to calm investigations; and moreover we squander the remaining portion of our powers in internal dissensions. A therapeutic observation published by one of us homœopathists in a periodical, is of as much importance relatively to our limited means, as the innumerable histories of cases which flow to you from all quarters, and which are applied by you to no better uses, than to assist in the compilation of stupid and useless tables, showing whether the disease occurred most frequently among men or women, children or old people, &c., and instead of endeavouring to cure patients you flood the market with statistical nonsense.

He.—My most esteemed friend and homœopathist, I pray you to moderate your zeal. I have already proved to you that I am not so addicted to hair-splitting as you thonght, now permit me to prove to you that I am not such a fool as you kindly take me for. You acknowledge that I make the most boundless concessions when the question is of theories and explanations, for all of which I dont care a farthing. If your reproaches concerning the imperfections of our old medicine, the wretched manner in which the experience we can command is left unutilized or turned to bad uses, were *not* true; if our materia medica founded as it is on chimerical fancies had *not* excited my disgust, then were I an arch-fool to bestow a thought on homœopathy. But I have no wish to exchange my lame horse for a halting steed. You homœopathists are young—good—you cannot have gained experience on all subjects—that I concede. But what you put forth as experiences, be they ever so few, they should be of the best possible quality. With respect to certain forms of many diseases you have as yet had no experience that can be called perfectly convincing —you may allow this. I make it no subject of reproach. You possess many desultory remarks upon various diseases which many worthy men have taken the trouble to write down at moments stolen from their hours of recreation or perhaps of sleep, receive them thankfully, give them a place in your periodicals until time and opportunity shall have verified them, but do not insert them in your text-books as examples else you run the risk of overwhelming and losing altogether in the great landslip of general observations those few grains *of gold* which you possess and which you have discovered with so much labour. Unless you do this the end will be that you have collected a great heap of rubbish, which will be as like our old materia medica as one egg is like another.

Here there can be no more talk of concession. I must have facts. I must read and put to the test good reports of cases. I care not how few they be. I shall not allow myself to be wheedled out of this. Where are the histories of cures, which prove the right of the medicines here enumerated to be remedies for infantile diarrhœa.

I.—Well then, you shall be satisfied. We possess a book compiled with extraordinary diligence and labour almost in the very way you could wish. In Rückert's *Klinische Erfahrungen* are collected the facts and the general remarks which are scattered through all the homœopathic works that have hitherto appeared; he indicates accurately the sources whence he has taken every observation and general remark. With the aid of this book we can go back to the original sources, and we can compare them with the symptoms of the Materia Medica at the fountain head. We shall, for the present, leave the general remarks on one side as you desire, and only refer to them in case of absolute necessity. I mentioned that the first remedy for infantile diarrhœa mentioned by Jahr is Rheum. I shall keep Jahr's book by me, be you so good as to look up the corresponding medicine in Rückert.

He.—Rückert alludes to only one single case of infantile diarrhœa cured by Rheum, let us look at the original in Thorer's *Prakt. Beiträge*, Vol. III., p. 77. This is a case of the mildest form of catarrhal diarrhœa, cause not mentioned. The disease went off in twenty-four hours. Diarrhœas of this sort I have cured, and seen recover by hundreds without any medicine at all, by merely regulating the diet and regimen. In cases like this imperfectly recorded one, where there is no colic, no fever, no other symptom except frequent diarrhœa of light coloured fæces, we may wait two or three days without any therapeutic interference—they always get well in three or four days. Thus I find that you do not possess one single case that can justify Rheum being reckoned among the remedies for infantile diarrhœa.

I.—Great as is my respect for your experience in the treatment of children's diseases, you will permit me to remark that cases must have occurred to you where the diarrhœa may have seemed to you to be quite free from danger for three or four days, but that in place of ceasing on the fourth or fifth day it has, on the contrary, increased to a great extent, the evacuations becoming green, irregularly coloured, and instead of a catarrhal diarrhœa, for which you might have given something or nothing, you have had a dangerous inflammatory diarrhœa to combat.

He.—I can't deny that a catarrhal diarrhœa may change into a entero-colitis, but when this occurs the symptoms are by no means so slight as in the case mentioned where Rheum was supposed to have cured it. When we have to apprehend such a change, we always observe attacks of fever which occur sometimes by day, sometimes by night, lasting several hours, and having no regular type, the pulse rises to 120 or 130 per minute, without previous chilliness, without subsequent perspiration, and the attack ends in prostration and drowsiness. I shall not allude to the other symptoms that announce this change, but shall only remark that it never occurs before the 10th or 12th day after the commencement of the diarrhœa. The ordinary slight cases of catarrhal diarrhœa, and the one alluded to is certainly of the very slightest, get well of themselves. Now show me that the practitioner chose Rheum according to your law of similars.

I,—The symptomatology of Rheum is contained in the second volume of the Materia Medica; I shall read from page 350.

To tell the truth honestly, I must say that the symptoms of Rheum do not correspond to this case of catarrhal diarrhœa nor to any other form of the disease. It is odd I never before thought of making such a comparison. The provings on the healthy teach that the Rheum-diarrhœa is accompanied by straining and griping which do not cease with the evacuation, but constantly recur. Catarrhal diarrhœa, on the other hand, has this peculiarity, that with the evacuation ease and relief occur. I must then confess that Rheum was not a very proper choice to make in this case, where there was not even colic. But as the disease was cured—you see I do not agree with you on that point—and as *similia similibus curantur* is an incontrovertible truth, we can only attribute this apparent discrepancy to the fact that Rheum is not yet thoroughly proved, and some future provings will undoubtedly develope symptoms extremely similar to those of catarrhal diarrhœa.

He.—Bravo! my excellent friend! You are inimitable! Your colleagues should make haste to erect to you during your lifetime a statue of gilt sawdust. I catch a thief with his hand in my pocket, and in place of appearing ashamed of himself, the knave gives me a friendly nod, and with an insinuating smile says he is very happy to make my acquaintance! You turncoat! You spoilt Old Bailey advocate! Confess I am a good-natured soul to listen to all your humbug; I am only curious to know how much further you will go. If your histories of cures are of this sort, what can your general remarks be? Just read me Jahr's first paragraph over again.

I.—"Diarrhœas in children, when they depend on acidity in the alimentary canal, with colic and often with crying, require especially Rheum, particularly when at the same time there is straining to stool, or when the child, in spite of the greatest cleanliness, has a sour smell all over the body. If Rheum does not suffice in such a case, if the colic is very violent and the face red, then Chamomilla deserves the preference; but Belladonna when the face is pale. If, however, there is but little pain, but great weakness, with distension of the abdomen, and if Belladonna, Chamomilla and Rheum do not suffice, then Sulphur is often of great use." That is what Jahr says.

He.—That is precisely like our own manuals. We find there the ordinary direction is, "if one medicine does no good another will;" but in your homœopathic breviary such language, to say the least, looks out of place.

I.—Jahr's book is, as you know, a compilation. He has borrowed this paragraph from Hering. You have Rückert's book in your hand; look at p. 846, "General Remarks: (*a*) In some diarrhœas, &c." Jahr merely took what he says from Hering's *Hausarzt*, p. 252.

He.—When Dr. Hering wrote a manual of Domestic Physic he doubtless sought to adapt his plan and his language to the public for whom he wrote. But what may fairly be allowed in such books written for country clergymen, school-masters, and other educated benevolent individuals, who in the absence of a medical man endeavour to give medical aid to their fellow-creatures, should certainly not be admitted into a manual for homœopathic practitioners, or a collection of observations which are to serve as the basis of a future scientific system of therapeutics. I am amazed that Dr. Hering has not formally protested against such an abuse of his works.

I see very plainly that you have quietly transferred the curative indications of *rheum* from the old materia medica into yours, without being able to assign a rational ground for so doing, and with the refuse straw of general remarks, you are slowly heaping up for yourselves a new dung-heap, that already stinks more foully than our old one.

(In order not to waste time with useless repetitions and unnecessary discussions, it will suffice to say that the comparison of *chamomilla*, *belladonna*, *sulphur*, in the order mentioned by Jahr proved just as unsatisfactory. A few (rari nantes in gurgite vasto) infantile diarrhœas were cured by medicines given in Hahnemannic doses, not because they were selected from similarity of symptoms, but on the contrary because the corresponding symptoms were *not* among the physiological effects of the remedies.)

" Let us drop the subject for the present,'" said my friend, giving me his hand to say good-bye. " With the best intentions in the world you will never succeed in persuading an old fellow like me of the necessity of studying homœopathy. I have neither strength nor inclination for building up a new house for myself. Nor is it advisable to go to lodge with you. The wind and the rain penetrate your provisional mud hut. It will only be granted to future generations to enter your new halls when they are built, unless, as I rather fear, the whole building should be transformed into a Tower of Babel by internal dissensions.—Au revoir!"

POSTSCRIPT BY DR. CL. MUELLER.

Many of our readers may perhaps wonder at seeing the above dialogue in the pages of a homœopathic periodical rather than in one of the numerous journals of our opponents. In fact it might appear to a superficial and prejudiced observer that in the discussion not only does homœopathy come decidedly worst off, but that the whole tendency of the article betrays an enemy rather than a friend of homœopathy. I am far from denying that in spite of its trivial form the article contains very grave reproaches and complaints, and that it might cause serious misgivings to many a friend of homœopathy. But still I must refuse to admit that it is more fitted for the pages of our opponents than for a journal devoted to homœopathy.

Even granted homœopathy comes badly off in this dialogue and gets a few hard blows, which are all the more severely felt that they are inflicted on her own ground, yet in spite of all that we must rejoice that we have at length found an opponent who attempts to fight us with the only weapons that require and admit of a defence. Hitherto homœopathy has only had to encounter the attacks of opponents who rivalled one another in frivolities, witticisms and abuse, and sought to discredit homœopathy, or rather its followers, by representing it as a hideous scare-crow. To none of them did it ever occur that above all things it was necessary first to know one's opponent, however weak he might be, and to combat him on his own ground, in order to be able to fight him with appropriate and on that account effectual weapons; at all events it was desirable to know something more about him than what the old women round about had to say. However, I repeat, homœopathy should rejoice to meet at last with an opponent who attacks her with honourable and reputable weapons on her own ground, and should eagerly accept the challenge; for if she have a consciousness of her truth she must attach great importance to a combat conducted in honourable style, and hence offering hopes of leading to some decisive result. That her opponent seems acute and dangerous should be no reason why she should lose her appetite for the fight.

But it is only in appearance that he is so; in effect, the accusations and attacks to which homœopathy is here subjected are not so very serious and dangerous, or rather they do not touch homœopathy at all. The discussion appears unfavourable and perilous to homœopathy only because it is not fairly concluded; it is broken off prematurely. Hence I resolved to open the pages of this periodical to it, but not without bringing it to its necessary conclusion. My estimable friend the author had no objection to this, and so the discussion is taken up by a third party and carried on to a termination by no means unfavourable, as I believe, to homœopathy. Still, I hesitate to publish my completion of the fragment, for several reasons, but chiefly because I have not always succeeded in catching the tone and verve of the original, and the new author would be readily discovered in the altered style. This spoilt the whole effect; for what was really unrestrained, natural and logical, thereby appeared forced and unnatural; in short—the object is perceptible and the relish is lost. Therefore I propose to abandon the dialogue form, and leaving aside all dialectic arts, I shall simply expose the true nature of the accusations preferred, and that will suffice to set homœopathy once more on a right footing.

This much is certain, our opponent the renowned children's doctor, is, notwithstanding all his apparent mildness, and notwithstanding the merits he allows and the concessions he makes to homœopathy, a sly fox and a dialectitian, not to say a thorough sophist. He acknowledges the striking cures performed by homœopathic medicines, he confesses the worthlessness and miserable character of old school physic and of the physiological school, he even seems quite disposed to adopt the principle of homœopathy; he only demands one thing from us beforehand, a mere bagatelle, a piece of child's play. Nothing more than a comparison *a tergo*. This sounds so easy and so innocent, that no one could refuse to comply with his wish. Every other point he freely concedes, he will not regard any thing else. Surely never was any condition more easy to be fulfilled. Who would not at once agree and close the bargain? If any one wishes to be properly sold let him do so. The excellent reasonable man asks so very little, nothing more than—if we view it in the right light—a mathematical demonstration, a proof of the sum such as every school-boy is required to furnish when he has done his division account. Well that is good! a demonstration in medicine, and above all an apodictic demonstration, that would be ridiculous! Demonstrations are not exactly in the line of medicine, they are rather beyond her sphere; when she would be very grand she may sometimes have put forward an analogy, or perhaps perpetrated some tolerably good deduction—not a mathematical demonstration! Oh! what miracles are demanded of us poor homœopathists! We cannot demonstrate the most trivial truths which no school-boy doubts, we cannot prove the melancholy fact that every man must die. I am not joking! How shall we put the proposition? And on what grounds of demonstration shall we rest? That hitherto all men have died? Is that a proof? A miserable analogy and a wretched deduction, if you please, but no proof. Although all men have hitherto died, why may it not happen that one might be born to-day or to-morrow who shall not be mortal? Nonsense! Yes, but sapient children's doctor, why then do you demand nonsense from us? But keep yourself quite easy; I doubt just as little as you do that all men are mortal in spite of the want of proof: surely, then, you will allow that we must hold many things in life, and especially in medicine, to be true and well-founded, although we may not be able to prove them.

But joking apart, perhaps our opponent did not mean his demand to be taken so seriously, and perhaps he really meant to require no more than what he was justly entitled to. Well, let us put all irrelevant matter on one side, and consider his demand without any *arrière pensée*, and in the mildest form. He says literally: "Show me that the cures obtained are to be ascribed to a rational *a priori* selection, and not to blind chance, and that as often as a disease has appeared in the same form, and under the same conditions, it has been cured by the same medicine."

Taken *per se* and in certain respects his demand is not unreasonable, and I pledge myself to comply with it not once, but ten times, if he really wishes nothing more than the proof that "the homœopathic practitioners have selected the remedies they have administered with success, because the symptoms of the disease occurred in the Materia Medica under the medicine selected, and hence the cure was not ascribable to chance, nor performed by means of curative indications derived from the old school." He will find this proof completely furnished in almost all the numerous histories of cases with special enumeration of the symptoms of the disease, published in the *Archiv*, in the *Allg. Zeitung*, in the *Hygea*, the *Vierteljahrschrift*, etc. As an instance in point I may refer, because it is the best known, to Hahnemann's so-called model cures in the *R. A. M. L.*, Vol. II., p. 31. Here he may mathematically carry out his comparison *a tergo*, prove his sum so to speak, and thereby procure the proof that the remedy employed was selected because the morbid symptoms are accurately represented among the effects of the same remedy in the Materia Medica, and hence that the cure was neither effected by chance nor performed in consequence of the curative indications furnished by the old school. But our opponent will no doubt reply, "the most important point of what I demanded is still awanting. I made it an express stipulation, that as often as the malady occurred in the same form and under the same conditions, it must always have been cured by the same medicine." And precisely here do we detect the injustice and sophistry of our opponent. He knows, or at least he ought to know, that precisely the same malady, in the same form, and under the same conditions as homœopathy must understand these ideas, will seldom or never occur a second or a third time. In fact Hahnemann says *(loc. cit.)*, speaking of the value of communicated histories of cures, that no direct utility can result from them, because "every case is peculiar and special, and it is precisely its special character that distinguishes it from all other cases, that is peculiarly its own, and that disables it from being a pattern for the treatment of other cases." Hence it is quite impossible to comply with the demand for the frequent repetition of the experiment; but it is not our fault that the required completely analogous cases of disease are not to be met with in nature. Our friend the children's doctor must first furnish us with such. It is not from us, therefore, that this proof is to be sought; on the contrary, we should be rather entitled to lay upon him the burden of the counter-proof. If he is right in his doubts regarding the cure mentioned, and in attributing it to chance, then he must prove that the same remedy that was once given successfully failed to cure in an identical case of the same form, and under the same circumstances. As long as he does not furnish this proof we are justified in assuming that the cure was effected according to the homœopathic principle. Evidently that is the right and proper way to view matters.

But that is not all; the injustice goes somewhat further. It is categorically laid down for us in what form of disease we are to furnish the required proof. It is not even asked if the homœopathic literature contains a sufficient number of such cases, and still less is it remembered that the appellation diarrhœa catarrhalis infantum may be for the allopathist a definite ontological idea, while for the homœopathist it is but a vague term which contains in its specialties very varied forms and cases, and cannot serve as an indication for a particular medicine.

It may be asked, why does our opponent select infantile diarrhœa? Probably because he is himself a children's doctor. Or is it, perhaps, just possible that a children's doctor was chosen to play the part of our opponent in order that infantile diarrhœa might be made the subject of discussion? That would be rather a subtle device; for it must be allowed that scarcely could a more defective chapter be found in Jahr or Rückert. But perhaps it is merely chance, as our opponent would say, who ascribes to chance everything which cannot be apodictically proved otherwise.

But our zeal for homœopathy should not lead us too far. On that point our opponent is perfectly right. He has certainly exposed one of our defects; he has shown how imperfect, arbitrary, and unproved is much of what we are in the habit of accepting as good current coin. Nor does this censure apply solely to the point discussed, for I am unprejudiced and honest enough to confess unhesitatingly that this is by no means the only part of Jahr, and that Jahr is by no means the only author amongst us that could not come triumphantly through a critical test of this character. It is not to be denied that in our literature, particularly in the semi-popular writings for which the demand is greatest, there has crept in a kind of easy confidence in laying down the indications for treatment which as frequently as not is owing to defective experience on the part of the author, or uncritical copying of others, and is scarcely to be distinguished from the uncritical routinism of the old pocket prescription manuals. For many years past great abuse has been made of what is called practical experience, which must bring, and indeed has already brought, discredit on this the most important therapeutic guide after similarity of symptoms. Almost every one is apt to deduce an experience from one or two successful cases, from which he draws a result, and publishes an indication for treatment. The facts are generally, nay, we will say always true; but the facit is and must necessarily be often enough false. Hence it is that in our repertories and therapeutic manuals a multitude of undoubted rules and indications are scattered about, which one copies from another without examining scrupulously into their value. Our opponent is quite right to expose this weak point with an unsparing hand; indeed, we ought to be much obliged to him for directing our attention once more to it, and stimulating our pride to root out this crying evil. But at the same time he falls into a grievous error. He reproaches homœopathy with what she is by no means to blame for; the maxims of homœopathy are most distinctly opposed to the practice censured, they will have nothing to do with it. It is not homœopathy, it is its adherents he must censure and ridicule—they alone are to blame. Of us also it may be said: *non crimen artis, quod professoris.*

PHARMACOLOGICAL STUDIES.

By Dr. Roth, Paris.

Arsenical Poisoning.

In the course of these studies we have occupied ourselves with Arsenious acid only, the white oxide of Arsenic.

The other arsenical poisons, as the salts of Arsenious acid, Orpiment, Realgar, and "Fly powder," (the black protoxide), have not been brought into view. Whether these exert a similar or different influence on the organism, we leave quite undecided. We are occupied exclusively with Arsenious acid, and only with cases of poisoning resulting from it. Medical literature possesses a very large amount of such cases recounted more or less minutely. We have taken pains to convert to our purpose the greatest possible number of these. Here, as everywhere in our "Studies," we guard ourselves from the objection of not having completely exhausted all sources, as lying entirely out of our plan. Even this (not inconsiderable) number of poisonings we should never have collected, had not Dr. Frank in his excellent Magazine indicated the idea. This we thankfully acknowledge; whilst, as far as possible, we go back to the fountain head. The symptoms are taken, word for word, out of the histories of poisoning, and arranged after that scheme of Hahnemann's which is to us of indispensable value. Repetitions of the same symptom with ever varying words are the inevitable consequence of such a procedure. It is, however, my design to place in the brightest light the *empty jingle of words* which has become familiar to us, and has given rise to unmeaning distinctions, classifications, and characteristics of words, and to voluminous useless Repertories. That this evil can and must be remedied many colleagues will concede. Others, who do not partake in this view, I must endeavour to win over to my opinion by examples. In this study those poisoning symptoms alone are noticed which result from the admission of the substance into the intestinal canal. Poisoning by Arsenious acid occurring from external application, or from introduction into the respiratory passages, will hereafter form a separate chapter, to be treated of in our next "Study."

I am very sorry not to be able to pacify the impatience of my readers sooner; it will have to undergo many a hard trial in the course of these studies. But, as I have already often expressed myself, it is not my will, but the nature of my investigations that must be blamed. Those of the questions introduced into these studies, and yet unanswered, have escaped my memory. Agaricus, Indigo, China; epilepsy, hysteria, chorea, typhus, have not fallen into oblivion. I shall have to introduce still more medicines, other pathological conditions, many new physiological problems in the circle of these investigations; and all this, in order to arrive at the knowledge of the peculiar effect of one single medicine, Arsenicum. About this medicine I group a series of facts which must mutually illustrate and analogically explain each other; and thus, I hope, it will come to pass that light concentrated on a point will diffuse a clear illumination far and wide. That one medicine compared with another first leads to the knowledge of its properties, surely no one will think of disputing. Neither against the comparison of the effect of one medicine with one or more pathological forms will any one raise any objection; but certainly they *will* against the introduction of physiology into the province of therapeutic efficacy. Physiology will, in this point of view, be considered by many as useless ballast, which only renders the course of therapeutic research difficult without at all furthering its progress. Truly, physiology *is* "ballast;" but indispensable ballast; it is that which establishes the security of the ship. Without *this* ballast, the ship rocks insecurely from side to side, and is a victim at the will of the wind and the waves!

I remember to have seen somewhere the assertion that physiological information has never contributed any thing to the curing of diseases. Not one disease is cured better or quicker since the circulation of the blood was discovered! Once venture to detract from Harvey's immortal discovery and you will all the more easily throw out the question, what has the local circulation—what has the glycogeny of the liver—what has the ascertained function of the pancreas—what has the recurring sensibility [reflex currents of sensation]? What has the change of temperature of the sympathetic or ganglionic [nerve or system], &c.? What do all these new discoveries mean? What influence do they exercise on the cure of sicknesses? What has all this to do with an inquiry into the operation of medicines? Why even *name* such things in these "Studies?" Why, in general, all the fore and aft aprons which I hang up on the symptom-list of each particular "study?" Instead of words, I shall endeavour to show by facts the indispensable need of physiology for ascertaining the peculiar agencies of the several medicines. When facts speak, then empty verbal discussions must be mute. I wished to apprize my readers beforehand that I am not impelled by an itch for novelties. I have not refrained from replies of any kind: slowly and quietly I aim at one extended scope; one after another will come into view in consecutive steps.

Physiology furnishes the groundwork for the knowledge of pharmacology in general, and of the workings of each medicine in particular. By physiological experiments on living animals alone are we in a condition to decide surely and unchangeably on the outline of the picture of a given medicine, to make use of a received phrase. The clearly drawn decided outline is the first and foremost requirement: gradually, other aids to the drawing are taken in hand, and thus the picture slowly grows up into a continually increasing resemblance until by experiments on the healthy and repeatedly observed cures the slightest touches of light and shade, the last finishing strokes are contributed to the painting and the preparatory outline disappears. All such comparisons, however, fall short, and I merely avail myself of them in accordance with the ordinary use of language.

To speak simply and dryly, no aid ought to be neglected in order to acquire an exact knowledge of the action of a medicine from the gross poisoning of an animal which is not always practicable, and, as it was hitherto employed, for no other use than to show whether a substance is fatal or not—to the experiments on healthy human subjects, which likewise are not always adequate, are clumsy, as they are often employed, and likewise do not always shew what they can and ought to shew.

Each individual medicine must be employed according to its own kind and nature, we must expect from it no higher assistance than it can furnish; and it will yield satisfactory results in no other way. I should not attempt to seek in the case of a frog certain disturbances of the functions which belong exclusively to the higher animals or to man. But the frog, by virtue of the tenacity and duration of other functions, due to an ample apparatus, which it has in common with man, serves to decide the effect (of medicines) on those functions. A frog (which has nerves of motion and sensation as well as the cleverest professor of philosophy and metaphysics) can be employed with more success in experimenting on a medicine with a view to ascertain whether it acts merely on the nerves of sensation, merely on those of motion, or whether it acts alike on both, and if so in what order and sequence, than an animal of a higher grade in which these phenomena do not continue so long, and where therefore their fleeting character does not allow the observers time for exact investigation.

In the course of physiological experiment upon living animals, from the lowest to the highest class, Claude Bernard has shown, that there are substances which primarily affect the motor nerves only and leave the sensorial nerves, as well as the excitability of the muscular fibre quite undisturbed: such is the S. American arrow-poison "Curare." Another substance, Nux vomica, acts primarily on the sensorial nerves alone; then on the motor, and leaves the muscular fibre uninjured. Lastly, a third substance, Sulpho-cyanide of potassium destroys the power of the muscular fibre without any primary action on the nerves of motion or sensation, and thus there have been found in the course of experiment on living animals, medical representatives of three distinct forms of paralysis, viz., that of sensibility, of mobility, and of the muscular fibre. I would gladly lay before my readers *in extenso* the form and manner in which these experiments have been conducted if the compass and tendency of this present "study" would permit. I will merely point out that vivisections are of indispensable value to the knowledge of pharmacology. They do not give everything: they are not exhaustive, but they furnish a positive foundation on which with other aids we can go on building. *Vivisections are therefore* absolutely necessary to the study of medicine.

I will now give a demonstration directly relating to Arsenicum. Claude Bernard turned my attention to the excellent article of Schmidt and Stürzwage "On the Influence of Arsenious acid on the assimilation." It occurs in Molleschott's experiments on the physical constitution of man and other living animals, 1859, p. 295. From experiments on living animals which there is no room to introduce here, we are fully authorized to draw the following conclusions:

"By Arsenicum the oxydation of the blood is diminished.

Arsenious acid introduced into the circulation causes an important diminution of the changes of tissue. It amounts to from twenty to forty per cent. and is consequent on very small doses; sooner when the acid is directly injected into the veins; more slowly but not less intense when it is received by absorption in the alimentary canal. It is most striking in the case of fowls which after the injection neither vomit nor reject their ordinary food; but even in cats which afterwards vomit slightly, and seem as if hungry after elimination of the diminution effected by mere inanition, it amounts still to twenty per cent." This explains the fattening of horses after small doses of Arsenious acid (a phenomenon well known to horsedealers) in a satisfactory manner. The quantities of fat and albumen equivalent to the unexcreted carbonic acid and urea remains in the body and increases its weight if the quantity of nourishment be sufficient. When larger quantities of Arsenious acid are given nervous symptoms set in, which may be classed under two heads—spinal irritation and paralysis—to the former belong the vomiting, the accelerated respiration, and the retarded pulse; to the latter the somnolence, the muscular weakness, the slow and laborious breathing. Both may be referred to a considerable hyperæmia of the central organ which was always indicated on *post mortem* examination.

(Here follow the symptoms produced by Arsenical poisoning, which we have not sufficient space for in the present Number).

In the second study, Bd. x, s. 290, I have expressed myself as follows. "Concerning the employment and value of a systematic arrangement of symptoms, concerning an improvement of the systematic arrangement quite gradually carried out, concerning the sketches of the symptoms, and the possibility or impossibility of repertories, as on many other subjects pertaining to the mechanical working of pharmacology, I shall endeavour to make my views, always founded on actual information, gradually intelligible." One part of my promise shall be performed here to day. Latterly the repertorium question has again come up. So I allow myself, without having any *person* or any particular undertaking in my eye, to bring forward my ideas on this subject.

What is the object of a repertory? It is a register—an *index rerum*, by aid of which one may be in a position to discover with which medicine any given symptom occurs; to this simple plain definition no one can have any objection. One says "It is a catalogue for finding quickly any book you want in a great library." Another will take some other similitude to help him, but every one knows what a repertory means, and what we may fairly expect from it Let us take the comparison of a library catalogue for further use.

Suppose I possessed the best catalogue of all the medical books that have appeared, which contained not merely the titles, but a full table of contents of each individual book, regularly arranged, and wished to institute enquiries regarding some medicines. My ideally-perfect catalogue tells me I shall find what I want in work A, which is in the town library; then in work B, which is *not* here, but is kept in the library at Vienna; lastly in C, which exists only in that of Göttingen. Mine excellent catalogue has done its part, but I am not helped thereby, as the collections of books at Vienna and Göttingen are not accessible to me. Suppose now some of my excellent and indefatigable colleagues had executed and published the very *beau ideal* of a repertory. I seek a medicinal symptom: my inimitable repertory shows me it is under medicine X. This medicine is partly printed in the *Materia Medica Pura*, but some symptoms of it are also found in the *Archiv*, Bd. x., heft x., page 10. Fragments of it also occur in such and such a page of the *Allg. Hom. Zeitung*, in Hirschel's *Klinik*, in Hartlaub and Trinks' *Annals*, etc. My paragon of a repertory has done its best, but I am none the better for it. As long as we do not possess a work where all the scraps of symptoms of the several medicines scattered in all quarters of the world are methodically arranged together, the very best repertory will be of no practical use. "We don't use all these," some one will reply; "we confine ourselves to the materials collected in Hahnemann's *Materia Medica Pura*, and *Chronic Diseases*. Had we but a perfect repertory we shouid already be in a condition to cure many diseases which were hitherto quite inaccessible to us for want of a comprehensive knowledge of the medicinal symptoms." I, too, am content with this, and will suppose that we have the best possible repertory of Hahnemann's medicines. I seek a symptom in the repertory—it points out to me medicine X: I look back far and wide in the text of the pharmacopœia (for it contains no consecutive series of symptoms), and at last I am so fortunate as to find the ardently desired symptom,—when lo, I discover an error! Several kinds of error are familiar there. 1.—I have found the desired symptom, but it is wrongly quoted, does not exist at all, or in a totally different sense. 2.—The symptom is merely the result of the idiosyncrasy of the prover, and not a proper effect of the medicine proved. 3.—It has been observed in patients; since it occurred during the exhibition of the remedy, it was without sufficient ground ascribed to *that* instead of the disease. 4.—It was extracted from a case of cure and was entered as a result of physiological proving. There are still more sources of error; at present we confine ourselves to these four. The first source of error, the *incorrect quotations,* I have already mentioned often enough, given many proofs of it, and stand prepared with many hundreds of other proofs "to order," if they could be of the slightest use. For those who choose to see, those already given will suffice: as for those who will not see, one may pile Ossa on Pelion before them, they will shut their eyes and protest they have seen nothing.

For the second source of error I will now give one undeniable instance. We shall see how mere individual symptoms of the provers have been taken for Arsenicum symptoms and incorporated with the Materia Medica. Langhammer has given the following symptoms as contributions to the chapter on Arsenicum in the Materia Medica, Bd. ii., aufl. iii., page 55.

8, 31, 45, 46, 47, 48, 49, 50, 51, 93, 95, 105, 148, 151, 154, 155, 156, 157, 178, 180, 194, 234, 294, 296, 297, 300, 376, 377, 431, 454, 455, 463, 479, 480, 481, 483, 501, 502, 528, 566, 613, 623, 627, 631, 645, 646, 656, 712, 852, 896, 986, 987, 1060, 1061, 1062, 1063, 1064.

Before we give our own opinion of these symptoms, let us hear how Gross expresses himself respecting this medicine prover, *Archiv.* xx., heft. i, p. 76. "Most of the provers who are introduced by name into H.'s work are personally known to me, and I remember one individual whose observations in a certain direction appeared to me from the very first liable to suspicion. I mean Langhammer, who was my fellow student at Leipzic, who with much feebleness of body was certainly a healthy young man, but lived in very straitened circumstances, by which his otherwise timid disposition was made still more retiring, and rendered more liable to sorrow and care. For this reason all the moral symptoms which he observed in himself are of very little or no value. Let any one compare the symptoms of Ledum palustre, (147, 150); Cicuta virosa, (203, 204); Calcarea acetica, (227, 229); Cyclamen europæum, (189, 192); Acidum mur., (211, 211); Ruta graveolens, (254); Conium maculatum, (278); Spigelia anthelmia, (530); Verbascum thapsus, (140); Stannum, (447).

"'Feels discontented with his neighbours, and shuns them; withdraws into solitude with tendency to weep; anguish as if he had committed some crime; deep reflection on the present and future,'—often repeated in the same words, but are conditions which must, in his circumstances, have been pretty natural to my good friend Langhammer, so that, practically, they lose all their value.

"Also a great number of symptoms under the different medicines, (which I will not here point out more precisely), shew that he was 'Quiet, absorbed in himself, not inclined to speak.' Such observations, when they are also (as is often the case) made to reckon as actual effects of medicine, by the subsequent contrary state, 'Disposition to speak,' are in themselves too vague to lend any real help at the bedside, and therefore possess no more value than the symptoms headache, pain in the stomach, eructation, and the like.

"Also as the symptoms Dig., (346), Ledum, (137, 138), Conium, (270), Cyclamen, (180), Sambucus, (97), Mangan., (231—234), Spongia, (224), Drosera, (183), Cicuta, (194), all shew it happened to our friend L. quite too often that 'he was in a sweat on awaking.' Further according to the symptoms of Aurum, (167), Guaic., (108), Euphras., (83), Acid-phosph., (378), Spongia, (222), Bismuth, (86, 87), Stannum, (410), that too often he awoke in a fright. So that one can not possibly take these observations for undoubted effects of the medicine. It is quite possible that in the case of other experimenters, here and there an observation has slipped in with the rest which is no more an actual result of the medicine than those of Langhammer. The like might happen to myself. The worthlessness of such recorded symptoms will, in time, shew itself at the bedside of the patient."

Indeed Gross is right, for not single symptoms, but hundreds, aye, thousands figure in the Materia Medica which do not at all pertain to the pathogenesy of the proved substance. One need only compare with each other, as Gross has done for Langhammer, the symptoms recorded by the same provers under different medicines. However, we do not forestall works that are coming, but keep to the Arsenicum.

One is perfectly justified in erasing Langhammer's *moral* symptoms under Arsenicum. These are the five from 1060 to 1064. There are, however, 48 symptoms after subtracting these; are these to be retained or also to be passed over? In the proving of this substance, Langhammer's symptoms are accompanied with notes of the *time* after which they appeared. On arranging these according to the sequence of time, it turns out that the whole experiment only continued over a *single* day! Few of my readers will give themselves the trouble to make an extract arranged after this fashion. I will therefore lay it before them; for the object of my labour is, not to express my own personal and insignificant opinion, but to put into every man's hand the means of being able to form his own independent opinion, grounded on facts.

After ¼ hour—Contracted pupils. 105.

After ⅓ hour—Frequent empty eructation. 294. Corrosive itching of the perineum, compelling to scratch. 454.

After ⅔ hour—Yawning and stretching as if he had not finished his sleep. 852.

After 1¼ hour—Ringing in the right ear when sitting. 180. Bleeding of the under lip after eating. 194.

After 1¼ hour—Corrosive itching on the left forearm, near the wrist, inducing scratching. 623. Tickling running itching on the right toe, as if of a healing wound, compelling to rub. 112.

After 2 hours—Pressing stunning headache, especially in the forehead, in every position. 45. Aching on the left eye as if sand had got in. 93. Two large pimples between the eyebrows, which compel scratching and give out bloody water (serum), the next day filled with pus. 156.

After 2½ hours—Pressive shooting pain on the left temple which does not pass off when touched. 49. Pressive stunning headache, especially in the forehead, with subtle shoots on the left temple near the outer corner of the eye when walking or standing, but passing off again on sitting. 50. Shooting pain on left temple, which ceases when touched. 51.

After 2¾ hours—Pressive drawing pain on the right side of the forehead.

After 3 hours—Pressive pain on the right temporal region in every position. 48. Pimple on the left temple provoking to scratch, emitting bloody serum, and after rubbing smarts like a wound. 151. After eating, frequent hiccough, and every time eructation after it. 296. Frequent hiccough. 297. Feverish *chill* over the whole body, with hot forehead, warm face, and cold hands, no thirst and no heat thereafter. 936.

After 3½ hours—Agreeable itching in the region of the right ear, compelling to rub. 178. Inclination to hawk out of the windpipe without expectoration. 566.

After 3¾ hours—When merely lying on the right side, strong *clucking* movements in the muscles on the left side of the back. 613. Cold shivering over the whole body, warm forehead, hot cheeks, and cold hands, without heat therefrom. 937. Tearing corrosive itching in both eyes compelling to rub. 95.

After 4½ hours—Corrosive itching on the right thigh near the groin provoking to scratch. 645.

After 5 hours—Tickling itch on the inside of the right middle finger compelling to scratch. 631.

After 5½ hours—On the penis near the scrotum corrosive itching compelling to scratch. 483.

After 5½ hours—Itching on the perineum, especially in walking, which compels scratching. 455.

After 6 hours—Evacuation of sometimes more sometimes less pappy fæces. 431.

After 7 hours—On the left parietal bone, on the scalp, a pimple covered with scab which compels scratching, and when rubbed, smarts as if festering. 155. Subtle tickling in the palm of left hand, necessitating rubbing. 627.

After 7½ hours—Sickness when sitting; much water comes into the mouth, like waterbrash. On walking in the air the sickness goes off, and there follows an evacuation of much pappy fæces. 300. Severe stitch on the left breast only on expiring, which is thereby rendered difficult. 528.

After 8 hours—Corrosive itching on the whole scalp provoking scratching. 151.

After 8½ hours—Pressive stunning headache, especially on the right side of forehead, just over the right eyebrow, which on wrinkling the forehead smarts as if raw. 46. Painful itching like an ulcer, provoking to scratch, over all the scalp which is as if blood were running under it in all parts; most, about the occiput. 154.

After 9 hours—Discharge of much flatus with previous loud rumbling in the belly. 376.

After 9½ hours—On walking in the air as stupid and giddy as if drunk, especially in the forehead, so that he staggered first on one side then on the other, and every moment feared he should fall. 31. Vertigo merely on walking as if he should fall on the right side. 8.

After 10 hours—Long continued raw feel on the palate. 234.

After 11 hours—Emission of foul smelling flatus. 377. Frequent sneezing with fluent coryza, 502. Tearing pain in right (when sitting). 656.

After 11½ hours—Eruption all over the scalp which smarts when touched as if festering. The whole scalp smarts as if blood were running under it. 148.

After 13 hours—Corrosive itching on both thighs, provoking to scratch, in the evening on undressing. 646.

After 19 hours—Vivid vexatious dreams. 896.

After 20 hours—Nightly emissions without corresponding dreams, followed by prolonged priapism. 480. Priapism without emission. 481. Nightly emissions *with* corresponding dreams. 479. After 2, 3, 4, 5½, 16, 17 hours. Frequent urgency to pass urine with copious discharge. 463.

After 3 and 6 days—Frequent sneezing without cold in the head.

The most cursory glance at these symptoms of L.'s suffices at once to judge of their nullity. And how surprised will my readers, to whom the characteristic marks of Arsenic effects are not strange, be to remark that all the marks considered (whether right or wrong) as characteristic, *are entirely absent from L.'s proving!* They will then like myself fail to comprehend how they gained acceptance in a pure Materia Medica!

I will not lay much stress on the fact that to swell the number of symptoms one and the same symptom with slight alteration of the words is repeated. As for instance, symptom 936, which appeared after 3 hours, and 937, which is said to have shown itself after 3½; the entire difference between the two being that in 936 the forehead was hot and face warm, and in 937 forehead warm and cheeks hot. We homœopaths are also accustomed to a fellow splitting a symptom in two and exhibiting the segment as a new symptom!—as for instance, 296 and 297 both appeared at the same time, viz., 3 hours and yet figure as different kinds of phenomena. We would overlook the fact that manifest contradictions shew the inaccuracy of the observations, as *e. g.* 8 and 31 after 8½ hours. In one of these symptoms the vertigo makes him fall on the right side; and in the other though it is actually said to have been observed at the self-same time, he staggered first to the right, then to the left.

Also as to symptoms existing previous to the proving (as 155 after 7 hours) being ascribed to the action of the medicine, let us set that down to a little inattention. The eruption of a pimple and its conversion into a scab is not the effect of medicine in 7 hours! All this need not be taken into account. But what must seem more than strange is the fact, that L.'s symptoms from Agaricus, which have been treated of in these "Studies," are the very same as from Arsenicum. Under Agaric. in the Archiv, (Bd. 9 Heft 1, page 173), the following symptoms are ascribed to L:—2, 14, 17, 18, 21, 22, 24, 25, 28, 32, 34, 37, 38, 41, 50, 51, 53, 54, 58, 67, 71, 75, 77, 79, 80, 82, 83, 85, 87, 99, 103, 105, 106, 108, 109, 111, 112, 113, 117, 121, 123, 127, 129, 132, 134, 135, 136, 139, 150, 151, 152, 153, 156, 157, 160, 164, 165.

For the edification of my reader I will lay before him a comparison of some of the symptoms of Agaricus and Arsenic.

ARSENICUM.	AGARICUS.
31. *On walking in the air*, is stupid and *dizzy in the head* (chiefly in the forehead), as if *drunk*, so that *he staggered*, first on this, then on *that* side, and was afraid he would fall every moment.	2. *Dizzy in the head, as if from spirituous liquors; tumbling about on walking in the open air.*
47. Pressive drawing pain on the right side of the forehead.	14. *Painful drawing pressure* from the left side *to the right.*
151. Corrosive *itching on the whole scalp, provoking to scratch.*	21. *Itching on the whole scalp*, as if from healing (a sore?); *provoking to scratch.*
105. *Contracted pupils.*	25. *Contracted pupils.*
180. *Ringing in the right ear* when sitting.	37. *Ringing in the right ear* on walking in the air.
294. *Frequent empty eructation.*	53. *Frequent empty eructation*, as if from disordered stomach.
296. After eating, *frequent hiccough*, and each time *eructation thereupon.*	54. *Frequent empty eructation with hiccough.*
297. *Frequent hiccough.*	58. *Frequent hiccough.*
376. *Discharge of much flatus*, with previous loud grumbling in the belly.	67. *Much discharge of flatus.*
431. Discharge of *more* or less *pappy fæces.*	71. *Discharge of much pappy fæces.*
454. Corrosive *itching of peri-*	77. Ticklish *itching on the*

neum, which necessitates scratching.	*seat* when walking or standing, which *necessitates scratching.*
455. *Itching of perineum*, especially in walking, which *necessitates scratching.*	82. Ticklish *itching of the scrotum, which obliges to rub*, when sitting.
463. *Frequent urgency to pass urine*, with *abundant discharge.*	80. *Frequent urgency to pass urine*, with *abundant discharge*, and penis quite relaxed.
480. *Nightly emissions, without corresponding dreams*, followed by continued erection.	83. *Nocturnal emissions, without corresponding dreams.*
501. *Frequent sneezing, without coryza.*	87. *Frequent sneezing, without coryza.*
623. *Corrosive itching on the left forearm, near the wrist, provoking to scratch.*	105. *Ticklish itching over the right wrist, necessitating scratching.*
627. Subtle *itching in the palm of the left hand, which necessitates rubbing.*	112. *Ticklish itching in the* palm of the *right hand*, on the back of the middle *forefinger, compelling to scratch.*
631. *Ticklish itching inside the right middle finger, compelling to scratch.*	106. *Ticklish itching on the inner edge of the right forefinger, which compels scratching, as if from frost.*
712. Ticklish running itching *on the right great toe*, as if from the healing of a wound, *which compels rubbing.*	132. Wound-like pain in the corn of *the left second toe*, as if from tight shoes. 135. *Ticklish itching on the toes, which provokes rubbing*, like frostbitten feet.
852. *Yawning and stretching, as if he had not finished his sleep.*	150. *Frequent yawning, as if he had not finished his sleep.*
936. *Feverish shivering all over the body*, with hot forehead, *warm face, and cold hands; no heat and no thirst ensuing.*	156. *Fits of severe feverish chill;* he shivers all over, so that his hand trembles in writing; face *normally warm, hands cold; no heat or thirst ensued.*
1064. All day displeased with himself and very peevish; thinks he *has not done enough*, and reproaches himself bitterly thereupon.	164. Restless and sorrowful humour; continually occupied with himself and his position—with the present and the future.

These parallels might have been drawn out further: what is already adduced suffices, however, I believe, perfectly to justify the assertion that Langhammer's symptoms of Agar. and Arsen. ought not to find a place in a "Materia Medica Pura."

For the third source of error a glaring instance shall be adduced in the case of Arsenicum also. In vol. v. of *The Chronic Diseases* a great number of symptoms occur in the list of *physiological* symptoms which have been observed by Dr. Hering in leprosy (*Arch.* xi., 2, 19), where you may read as follows: "As Arsenicum can, because of its extraordinary antipsoric power, be repeated several times by a patient, I have suffered myself to be easily misled by the phenomena of chronic diseases so as to repeat it too often and too soon in leprous cases, induced to do so by the fact that after the expiration of its action or of that of an intermediate remedy the symptoms still indicate its employment. The latter phenomenon also occurs very often after other antipsoric medicines. These too would, however, if repeated rapidly, only aggravate the disease and introduce new medicinal symptoms. Hereby I have become acquainted with some new symptoms, among which I may mention the following as quite new ones which appeared soon after the exhibition of the medicine.

ARSENICAL SYMPTOMS FROM LEPROUS PATIENTS.

"In several cases chilliness and sensibility to external cold, along with great laziness and aversion to the least movement. 1071. He could not stretch himself; everything is on the strain in his whole body; all his joints stiff; his knees so stiff and cold that he binds cloths on them because they otherwise smart and disturb his sleep. 1017. Hard swelling of the fingers, with pain in the phalanges. 816. All the toes are stiff, so that he cannot tread firmly. 900. Pricking pains on the outer edge of the foot. 883. The soles insensible and swelled as if of cork, and they break out. 897. Subtle, sandy, tickling itch over the whole body. 1049. The skin coming off everywhere in great scales. 1027. All over the soles of the feet blisters rose in one night, as if from Cantharides; they burst and discharged bright yellow fœtid water. 898. Out of the ulcers on the finger proud flesh is growing, and soon becomes blue and green, with a glutinous discharge, diffusing an intolerable odor. 1070.

"At the same time dark greenish-brown urine, turbid when discharged, as if cow-dung were stirred up in the water, and not separating after standing. 627. In large quantity and burning hot. 624. At the same moment, too, painless stools, of the same color as the urine, only somewhat thicker, smelling like putrid ulcers. 585. Stool or urine always alone; never, as formerly, both at once, or shortly one after the other.

"Several kinds of fever. At night, short cold fit; then great heat without thirst but with delirium. *1199.* Evening and morning, feverish chill, without thirst; much urine; little stool; stretching in all of the limbs. *1197.* Burning fever, so that cold water is no relief; afterwards sweat copiously on the nape of the neck. In one patient the fever recurred for a whole day every fourteen days. 1212. In some there occurred deafness. 250. Wetting the bed. 618. Longing for brandy (case of a boy). 399. Swelling of the submaxillary glands, painful on pressure. 305. Large boil between thumb and forefinger, very broad, pale red, extremely painful, especially in the evening. 806. With swelling of the auxillary glands. 789. Ulcer under the left knee. 870. Itching on the face, especially on the eruption, till it was scratched to the blood. 278. Headache over the left eye, very severe evening and night. 119.

"First after one dose, $^{\circ}/_{x}$, drawing pains in both arms. 790. Itching smart from above down to the leg. 869. Scabious eruptions, especially in the hollow of the knee. *1050.* Unfinished sleep in morning. 1083. Night perspiration. 1182. In the same patient, whose urine was nearly *black*, the spleen, which was previously indurated, was much swollen. 505. Bitter taste in the morning. 362. Subsequently a fœtid discharge came from the nose, which was ulcerated high up, and by trickling into the mouth caused a bitter taste. 261."

I have not shrunk from the trouble of appending to each symptom observed in patients (and *such* patients, too!) the Arabic numeral under which it stands in the catalogue of symptoms said to be observed in healthy provers. This objectional proceeding is to be met with a thousand times in the Materia Medica Pura, and shall be laid before the reader in each medicine of which I shall hereafter speak, that he may be put in a position to judge of the question for himself.

Lastly, as to the fourth source of error, it was pointed out with precision sixteen years ago by Dr. Watzke, Vienna. In that excellent work on Colocynthis (*Oesterr. Zeitschr. f. Homöopathie,* i., page 34), he expresses himself as follows: "With great astonishment we read, in the third edition of Colocynth (3rd part of *Antipsoric Medicines, Dusseldorff,* 1837), Ægidi's name, too, among the provers of Colocynth! and the symptoms indicated as Ægidi's, 22, 29, 75, 114, alongside of others that were obtained by experiment on healthy persons. These are symptoms of a disease which Ægidi cured with Colocynth." One of the most brilliant cures which homœopathic, or perhaps any other literature has to exhibit. (*Arch.* vii., 3, 109.) My attention being awakened by this, I have instituted further researches under this head, and found the same marvel under very many, and especially *the most frequently employed medicines.* What *I* infer from this I need not say; the reader is now in a position to draw his own conclusions.

My honored colleagues all, in near or distant lands, who are occupied in repertory manufacturing, do I hereby greet in the most friendly manner; and merely put the question to you, "will your unspeakable labours, meet with the expected reward? Who has as yet ever made a perfect table of contents to a faulty text? Would it not be more worthy of stout young fellows, endowed with all abilities, to form a faultless text, and THEN time enough to think of the table of contents?"

[We do not know whether Dr. Roth has ever seen the Repertory of the Hahnemann Publishing Society, though we think it unlikely, as in that case he would have seen that his remarks have been anticipated. But we may as well repeat the substance of what is there said. Dr. Roth represents the more theoretical side which concerns itself with the abstract perfection of the Homœopathic Materia Medica, and he naturally magnifies his office. But he leaves quite untouched the vital questions to the practitioners, viz., What is to be done in the meantime?

The Repertory Committee on the other hand was composed entirely of practical men, and the practical question assumes its due prominence in

their eyes. They had been from the first quite alive to the many imperfections of the symptomatology of the Materia Medica, and they have since followed with much interest and accepted with gratitude Dr. Roth's revisions. But were they to wait till the revision of the whole Materia Medica was finished, and the lists of symptoms were all purified and perfect? Granting that the revisions of Dr. Roth and the Austrian reprovers and all other re-provings do give us complete and perfect lists of symptoms, they do not amount to one medicine per annum in a quarter of a century. What is to be done, then, in the meantime? Is the practice of homœopathy to be stopped till the Materia Medica is complete and perfect? Or, because the Materia Medica is imperfect, are practitioners to be content with incomplete and imperfect repertories of those symptoms? The committee unanimously decided in the negative, and it was resolved to make a complete and faithful index to the Materia Medica, with the reservations described in the work, whereby the best proved medicines received a certain degree of preference, and the more doubtful ones were wholly or partially omitted till their symptoms were confirmed by subsequent re-provings.]—EDITS.

ON THE HOMŒOPATIC TREATMENT OF ASCITES.[*]

By DR. LEON SIMON, JUN.

IN one of our late meetings,[†] Dr. Gerraud directed attention to the treatment of ascites by a peculiar method. This consists in allowing a canula to remain after the operation of tapping, and then treating the disease with internal remedies. He communicated several interesting observations in support of this plan of treatment, and from them deduced the following indication :—*Operate first,* and treat afterwards. The short discussion which followed bore entirely on this indication, and not on the mode of operation.

As surgical interference ought not to be resorted to unless a case resists the powers of medicine, several of our colleagues asked if homœopathy was entirely useless for the cure of ascites. Messrs. Love and Escallier mentioned four cases in which they had been successful, and it was then quite natural to ask if these were isolated facts, or if, on the contrary, they could not be joined with several others which are recorded in clinical works; and if we are not authorized by these to treat ascites by internal remedies first, and to reserve the operation for those cases in which the medicines are absolutely powerless. Such is the question which I intend to examine in this paper.

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[*] *Bulletin de la Société Médicale Homœopathique,* tome ii., No. 3. July, 1861.

[†] See *Bulletin,* t. ii., p. 39.

Two facts ought to be borne in mind during this discussion: 1st. All cases of ascites do not resemble one another; and 2nd. The operation can only remove the liquid accumulated, and leaves unchanged the alterations which have caused the effusion, and can reproduce it.

If it is right to admit with M. Abeille,* that there are peritoneal effusions due to a simple secretory irritation (the cause of which it belongs to homœopathy to explain, as allopathy cannot do it); others which depend upon an acute or subacute peritonitis; there are also a considerable number, as the same author remarks, which depend either on the presence of tubercles, or on obstruction of the abdominal circulation caused by disease of the liver, the spleen, the uterus, &c., or an affection of more distant organs, the heart for example, or even to albuminous nephritis. It is evident that medicine cannot be equally useless, or surgery equally necessary, in all these cases. Medicinal treatment has also been frequently recommended by all the schools which have preceded that of Hahnemann; and no one has forgotten the numerous parts the cathartics, the diuretics and the blisters have been supposed to perform in the treatment of this disease.

Allopathy having claimed in this matter much success, homœopathy has the right to disclose what it has done. The following are the facts I have collected:—In the *Clinique Homœopathique,*† published in 1837, by Dr. Roth, under the pseudonyme of Beauvais de Saint Gratien, and in the more recent work of Dr. Rückert,‡ there are recorded 36 cases of ascites, cured or remarkably ameliorated by homœopathy; adding to these the 4 cases mentioned by Messrs. Love and Escallier, we have 40 cases, of which the following are the details:—

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* *Traité des Hydropisies et des Kystes.*

† *Clinique Homœopathique,* t. i., p. 326, et passim.

‡ *Klinische Erfahrungen in der Homœopathie,* part 25, p. 322, et passim, Art. *Dropsies.*

I.—*Ascites connected with acute diseases.*

A. *After scarlatina.*

1. A girl, æt. 7. Ascites after scarlatina, with albuminuria. Arsenic restored the urine, and Nitric acid caused the last traces of albumen to disappear. (Rückert.)

2. Child, æt. 3½. After scarlet-fever, ascites and general anasarca. Cured by an infusion of the root of Bryonia. (Id.)

B. *After enteritis.*

3. A boy, æt. 8½. Ascites after enteritis. Ars., Digit., Dulcam., China, Sulph., were given without effect. Tapping was resorted to, and a quantity of thick dark-coloured serum was drawn off. Apis did much good; the improvement continued under Merc. sol., and Apis, which was again given, completed the cure. (Id.)

C. *After dysentery.*

4. A boy, æt. 12. Ascites and hydrothorax after dysentery. Many medicines given without benefit; tapping; after it Arsenic and Digitalis without effect; suffocation imminent; Apis relieved very rapidly, and effected a complete cure. (Id.)

D. *After typhus.*

5. After typhus ascites and hydrothorax. Pulse irregular; skin dry, with desquamation; urine scanty and very red. Apocynum cannab., in mother tincture, two to five drops in water, a teaspoonful every three hours. Cure. (Id.)

E. *After intermittent fever.*

6. A girl, æt. 9. Had intermittent fever two years before. Ascites; œdema of the extremities. Lachesis. Cure. (Id.)

7. A man, æt. 39. Having had marsh fever for two years, fell into a state of cachexia. Manganum oxidatum. Cure. (Id.)

8. A child, æt. 18 months. After a tertian fever, which lasted some weeks, ascites. Cured by Dulcamara. (Id.)

F. *After influenza.*

9. A man, æt. 70, feeble, lymphatic. Ascites, hydrothorax,

and œdema. Apis $^1/_{1000}$; at first alone, afterwards alternately with Ars. 60. Cure. (Id.)

G. *After hæmorrhage.*

10. A woman, æt. 44. Miscarriage, followed by uterine hæmorrhage; afterwards ascites and œdema. Arsenic relieved, and Helleborus niger completed the cure (Beauvais, Obs. 151.)

Ascites connected with chronic disease.

A. *After chlorosis.*

1. A girl, æt. 17, suffering from chlorosis, brought on by suppression of the menses from a fright; at the same time ascites. Pulsatilla 3, glob. 12th, produced some improvement. After continuing the medicine for six weeks, cure. (Obs. 254, Beauvais.)

After suppression of the menses.

2. A woman, æt. 27. Ascites after gradual suppression of the menses. Acon. and Bell. were given without benefit. Apis in trituration at first increased the urine, then restored some traces of the menses, and a month later the menses became regular. Under the influence of this medicine the ascites gradually diminished. She left after the return of the menses. (Rückert.)

3. A poor woman. Ascites caused by suppression of the menses, green leucorrhœa, pressure on the bladder, colic, and diarrhœa. Nux vom. removed the abdominal symptoms; China restored strength, and Pulsatilla brought back the menses, and caused the ascites to disappear. (Beauvais, Obs. 252.)

4. A child, æt. 11. Ascites connected with a cachectic state, cured by Aur., Merc. (Rückert, l. c.)

5. A woman, æt. 52, Ascites with anasarca; depression, hæmorrhoids, prolapsus of the rectum, &c. Improved by Nux vom., Pulsat, Ferrum, &c., but especially by China, which had great effect both upon the œdema and ascites. Improvement continued under Paris quadrifolia, and at last the disease was cured under Helleb. niger. (Beauvais, Obs. 258.)

6. A scrofulous young man with varices of the legs, cured by Ars., Sulph., China and Lachesis, (Love, Journal de la Société.)

7. A scrofulous child. Ascites relieved by Ars. and Lachesis. (Escallier, Id.)

Ascites with organic alterations.

1. A man, æt. 70. Disease of the spleen and abdomen from the abuse of spirituous liquors, cured by Nux. vom. 100. (Stern, Journ. de la Soc.)

2. A woman, æt. 46. Ascites with displacement of the bladder, the uterus and vagina. Anasarca cured by Arsen. (Rückert, l.c.)

3. Three cases of ascites, with disease of the spleen, reported by Beauvais de Saint Gratien, and Rückert, and collected by Attomyr. Cured by China. (Id.)

4. Ascites with congestion of the liver and spleen. Cured by Lycopodium. (Beauvais, Obs. 253.)

5. Ascites and induration of the liver. Cured by Acid Fluori.

6. Ascites with disease of the kidneys, anasarca, and hydrothorax in a child, æt. 10. Cured by Arsen. (Id.)

7. Two cases of ascites and organic disease of the heart. The ascites was removed by Apocyn. cannab.

8. Ascites from disease of the heart. The ascites yielded to Digitalis 30. (Id.)

9. A similar case is recorded by M. Love, (See Journ. de la Soc. t. II. p. 41,) where digitalis relieved and removed the symptoms.

10. Ascites with multilocular cysts. Relief from Digitalis. (Escallier, Id.)

11. A woman, æt. 50. Ascites and anasarca in connection with an undetermined disease of the abdominal organs. Cured by Merc. sol. (Rückert, l. c.)

Ascites not in connection with any other affection.

1. Ascites with anasarca, and afterwards hydro-thorax. Cured by Apis. (Rückert, l. c.)

2. Ascites in an aged and lymphatic woman. Cured by Apis. (Id.)

3. A woman, æt. 58, in whom anasarca preceded ascites. Cured by Apis. (Id.)

4. A man, æt. 67. Ascites, anasarca, and hydrothorax. Cured by Apocynum. (Id.)

5. A woman, æt. 40. Ascites with œdema of the legs. Cured with Aur. mur. (Id.)

6. A child, æt. 5. Acute ascites and œdema of the lower limbs. Convolvulus arvensis. Cure. (Id.)

7. A child, æt. 12. Effusion into all the serous cavities. Cured by Convolvulus. (Id.)

8. Ascitic effusion with hydrothorax, anasarca, and œdema of the scrotum. Calc. carb. (Id.)

9. A child, æt. 15 months. Ascites cured by Helleborus 30. (Id.)

9. A woman, æt. 50. Has had several children. Abuse of spirituous liquors. Ascites, cured by Lycopodium. (Id.)

11. A robust man, addicted to drinking spirits. Ascites with pains in the limbs; much relieved by Ledum palustre. Bryonia and Arsenic completed the cure. (Beauvais, l. c.)

12. A child, æt. 14, feeble constitution, having had itch two years before. Ascites and anasarca for nine weeks. Cured by Sulphur 6, followed by Sulphur 200. (Rückert.)

These, taking into account the details, often incomplete, given by the authors, may be arranged into several classes according to the following table.

Ascites in connection with acute diseases.

1.	After Scarlatina	2 cases.
2.	After Enteritis	1
3.	After Dysentery	1
4.	After Typhus fever	1
5.	After Intermittent fever	3
6.	After Influenza	1
7.	After Hæmorrhage	1—10 cases.

Ascites in connection with Chronic affections.

1.	After Chlorosis - - -	1 case.
2.	After Amenorrhœa - -	2
3.	After an undetermined cachectic state - -	1
4.	After Dyspepsia - - -	1
5.	After Scrofula - - -	2—7 cases.

Ascites in connection with Organic disease.

1.	Of the Uterus - - -	2 cases.
2.	Of the Liver and Spleen -	3
3.	Of the Kidneys (nephritis) -	2
4.	Of the heart (relief, relapse) -	3
5.	In Multilocular cysts (relief) -	1—11 cases.

Considered in another point of view, these observations could be arranged in three classes.

1. Those which are connected with a non-disorganizing affection of the peritoneum.
2. Those which are caused by a curable organic disease.
3. Those which result from an incurable organic disease.

The cases in the first two classes have been cured, and we are therefore justified in employing internal treatment before operating. In the cases of the third class, relief has been afforded, and according to this report, homœopathic treatment has had as beneficial an influence as the operation, in so far as relates to the effusion, and it has never produced the same exhaustion of strength, and is therefore in general preferable to it.

It may certainly be objected that homœopathic physicians have had to register more failures than successes, and that these last having alone been published, it is impossible absolutely to appreciate the value of each method.

This objection is without doubt well founded, but it only leads to this conclusion, not altogether to reject the interposition of surgery. On this point we all agree, and the question is only to ascertain at what period in the course of Ascites and in what circumstances it is necessary to substitute internal treatment for the trocar and vice versa.

But the facts recorded by homœopathic physicians prove beyond contradiction that they can remove peritoneal effusions by internal treatment, when the remedies are selected according to the law of resemblances, &c., administered in a sufficiently dynamized state. We are then not only authorized but obliged to avail ourselves of these resources in the treatment of this disease, and thus render unnecessary the interference of the surgeon.

There is one case however in which the operation should have precedence, where the effusion having gained a considerable bulk, causes threatening accidents and prevents all kind of absorption by the compression which it exercises on the vessels of the abdomen. In these circumstances the action of the liquid on the peritoneum, the kind of maceration which results from it, and the possible transudation of the serosity, render immediate tapping necessary. And if it happens that the disease arises from a simple congestion of the peritoneum, or a curable affection of the viscera, we should then be able to treat afterwards and follow the course pointed out by M. Gerraud, in order to prevent the reproduction of the ascites.

If it depends on an incurable organic affection, on tubercles, degeneration of the liver, the spleen, or disease of the heart, &c., the operation becomes only an extreme means to be used in cases of imminent danger, and even then the canula left in position might be productive of more danger than advantage.

Then also it would be necessary to remember the relief which homœopathic medicines produce, and to employ them, and thus delay further an operation, which M. Velpeau* himself considers as an extreme resource.

To recapitulate. The successes which our predecessors have obtained; those which each of us are able to add, permit us to affirm that homœopathy has the power of curing a certain number of cases of Ascites; that most brilliant successes have been obtained where there has been no incurable organic alteration as the cause of the serous effusion, and that in the contrary cases, our medicines properly chosen are even capable of relieving where they are not able to cure. Our rule of conduct should then be, Treat first, operate afterwards.

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* *Traité de' médecine operatoire*, t. IV., p. 2.

The two terms of this proposition ought however to be inverted, if the effusion is so extensive that its presence is an invincible obstacle to its reabsorption and the cause of formidable accidents.

ON THE PRESENT STATE OF THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM.

By Richard Hughes, M.R.C.S., L.R.C.P. Ed. (Examin.)

(Continued from page 410.)

I have now spoken of voluntary motion and of sensation, as these functions are exercised through the medium of the spinal cord. But there is another class of actions of which it is the centre, and which it can manifest even independently of the encephalic ganglia. The connexion between the cord and the brain may be severed, as in paraplegia from softening of the substance of the cord, or from disease of the vertebræ. The lower limbs shall be entirely devoid of sensibility, and no exercise of the will shall be able to produce the slightest movement in them. Yet in such patients, if the soles of the feet be tickled, the legs will be drawn away, just as they would be if under the control of the will; and even such actions as defæcation and urination will give rise to muscular movements in the limbs. Such movements are called *reflex*, the peripheral impression which gives rise to them being reflected, as it were, from the cord upon the motor nerves. They are most distinctly seen when sensation and volition is impossible; but there is little doubt that in the normal condition of the organism they have much to do. The combined actions, for instance, of standing and walking are greatly dependent upon reflex movements excited by the impressions made upon the soles of the feet; and become exceedingly difficult of accomplishment when the channels of these impressions are morbidly affected. Respiration and deglutition, moreover, are functions ordinarily accomplished in this manner.

Dr. Marshall Hall supposed that a distinct set of nerve fibres were devoted to these reflex actions. The fibres conveying the impressions to the cord he designated *afferent, excitor, incident;* those upon which the impression was reflected to be carried to the muscles he called *efferent* or *motor.* He considered that these fibres terminated in the gray substance of the cord, and were devoid of sensibility; while the true sensory and volitional fibres passed along the spinal cord to terminate within the cranium. But we have already seen that all the fibres coming to and passing from the cord through its anterior and posterior roots terminate in the gray cells of the cord; so that in this respect there is no distinction between sensory and volitional fibres on the one hand, and reflex or "excito-motor" fibres on the other. It is quite possible that of the three bundles into which we have seen the posterior roots dividing, those which ascend and descend along the posterior columns may be used mainly for reflex impressions, while that which enters the gray matter directly may convey ordinary sensations. But after all, I am inclined to believe that the central connexions of a fibre, rather than its own nature, determine whether its impressions shall be transmitted upwards to cause sensation, or transversely to give rise to an action. If the processes of the cell from which it originates join that cell to others above it, the former course will be followed: if they rather unite it to those lying anterior to it, the latter result will take place. In many instances, the cell sends off its processes both upwards and forwards; in which case, the reflex movements will be accompanied with sensation so long as the cord is united to the brain, and will go on without it when that union is severed. In this manner would it be with the retraction of the limbs consequent on tickling the soles of the feet,—of which I have already spoken.

We have still left for our consideration the functions of the posterior columns. Long considered to be the conductors of sensitive impressions to the brain, they have (as we have seen) been deposed from that place in favour of the central gray matter; and now—like their centre, the cerebellum—are in want of a place. I will here state the facts concerning them upon which a right induction must be founded, and the inferences which at present appear fairly deducible from these.

First. Anatomy shews us that the posterior columns terminate, through the restiform bodies, in the gray matter of the cerebellum: that they are uniform in size throughout the cord until its termination in the lumbar enlargement and cauda equina; and that the superior and inferior bundles of the posterior roots run in its substance for a short distance ere they dip into the gray matter. We may certainly conclude from these facts that whatever be the functions of the cerebellum, the posterior columns are the channels whereby its influence is transmitted to the lower extremities. But the functions of the cerebellum itself being as yet *sub judice*, we cannot herefrom determine those of the posterior columns.

Secondly. The vivisections and pathological collations of Dr. Brown-Sequard supply many materials for a decision of the question. His conclusions may be stated as follows: 1st. Section of the posterior columns or of the restiform bodies causes hyperæsthesia and increased reflex excitability of the parts below or behind the section. This hyperæsthesia continues as long as the animals live, except in cases where re-union takes place between the two surfaces of the section. Such a section produces no paralysis of voluntary motion. 2nd. Disease of a very limited portion of these columns gives rise to phenomena identical with those resulting from its section. 3rd. More extensive disease in any part of their length causes diminution or loss of reflex function in the parts receiving their nerves from the cord at that situation. Thus, if the lumbar portion of the posterior columns be diseased, the actions of standing and walking (in which, as we have seen, reflex movement is largely called into play) are rendered difficult or even impossible; while, when the patient lies in bed, his voluntary control over the lower limbs is unimpaired.

The first and second of the above conclusions clearly prove that the posterior columns have no share in the transmission of sensory and volitional impressions to and from the cerebrum. The hyperæsthesia, however, which results from their section is more difficult of explanation; and no theory has yet been suggested to account for it.* The phenomena referred to in the third conclusion are very interesting. We have to inquire how local disease of the posterior columns affects reflex action in the parts of the body receiving nerves from that portion of the cord. It cannot be that the posterior columns are the centre of reflex action; for they are destitute of vesicular matter, which alone can constitute a centre of nervous power. Nor can it be that the cerebellum is the centre of this property, and the posterior columns its conductors; for when the posterior columns are severed from their connexion with the cerebellum, the reflex actions in the parts below the section, so far from being impaired, are actually increased. The explanation would rather seem to be supplied by the anatomical fact that a large number of the fibres of the posterior roots pass upwards and downwards along the posterior columns ere they enter the gray matter. Admit that (as suggested above) it is along these ascending and descending fibres that the impressions pass which give rise to reflex movements, and it is easy to understand how local disease of the posterior columns should impair reflex activity, since it must involve many of these conducting fibres. This view also explains the limitation of the loss of reflex function to the parts supplied with sensory filaments from the posterior roots whose fibres are involved in the disease.

The posterior columns, then, would appear to be composed of two sets of fibres. 1st. Those descending through the restiform bodies from the cerebellum, and passing into the lumbo-sacral plexus from whence issue the nerves of the lower limbs. These fibres must convey to the lower limbs the influence of the cerebellum, whether that be the co-ordination of muscular motion, or some power hitherto unascertained. 2nd. Fibres from the posterior roots of the spinal nerves, ascending and descending along its substance ere they dip into the central gray matter; and transmitting those impressions which give rise to reflex movements.

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* It is possible that the increase of temperature which always (as we shall see) co-exists with hyperæsthesia, may to some extent be its cause; yet this does not fully account for all the facts.

As the former element alone of these columns forms (with the cerebellum) a physiological unity, and as we are yet ignorant of the functions of the cerebellum itself, the facts now stated will not help us much in the classification of our Materia Medica. We may notice, however, in this place with reference to reflex excitability, that Strychnia* has a marked effect in increasing, and Belladonna (according to Dr. Brown-Sequard) in diminishing it. Whether these properties of theirs are distinct from their similar influence upon sensibility, is a question included in the larger one as to the distinction between reflex and sensitive nerve-fibres.

3. We now come to the Medulla Oblongata, which—as its name implies—is a prolongation of the spinal marrow (medulla spinalis) into the cavity of the cranium. Its limits are—inferiorly, the commencement of the decussation of the motor conductors, which is just opposite the foramen magnum of the occipital bone; superiorily, the lower border of the pons varolii. It requires consideration in a two-fold point of view, first, as it is a continuation of the component parts of the spinal cord; and, secondly, in its office as an independent nervous centre.

This double character is plainly indicated by its anatomical configuration. Thus we have on its front aspect the anterior pyramids, which are evidently the prolongations of the anterior columns of the cord. In the lower third of these is effected that decussation of the motor fibres, which causes the paralysis resulting from affections of the brain to appear on the side of the body opposite to that of the cerebral lesion. From this point the anterior pyramids pass on, forming the lower stratum of the crura cerebri, to be lost in the corpora striata at the base of the brain. On the posterior aspect, again, we have the restiform or rope-like bodies, through which the posterior columns of the cord pass on without decussation into the cerebellum. Between the anterior pyramids and the restiform bodies lies the central gray matter—the channel of sensitive impressions—which, constituting the upper stratum of the crura cerebri, terminates in the optic thalami. So far the difference between the spinal cord and medulla oblongata is merely in name. But when we examine the anterior and posterior horns of gray matter—the source respectively of the motor and sensitive roots of the spinal nerves—we find a very different arrangement existing in the latter organ. Besides changes in relative position, we note that the ganglionic cells, instead of lying in continuous gray columns, are massed together in separate collections, each of which serves as the nucleus or centre for some one of the cranial nerves. Thus in the motor tract, we have distinct nuclei for the hypoglossal and spinal accessory, for the facial or portio dura of the seventh pair, for the sixth, for the fourth, and for the third pair. In the sensory region, there are nuclei for the pneumo-gastric, for the glosso-pharyngeal, and for the auditory nerves, and also for the sensory root of the fifth pair. From all these nuclei numerous fibres pass off, which connect their cells with the corresponding nuclei of the opposite side, and also with those of neighbouring nerves. These central connexions of the nuclei of the cranial nerves explain well the great freedom of reflex action enjoyed by them; and it is remarkable that the fifth nerve, which gives rise to the most numerous reflex movements, presents the most varied connexions between its own and neighbouring nuclei. The union effected by transverse fibres between the corresponding nuclei of opposite sides is an important anatomical fact. It supplies the mechanism by which the various muscular movements of the face and throat—as in laughing, deglutition, &c.—are rendered bilateral, *i.e.*, take place on both sides simultaneously. But still more interesting is the explanation supplied by Van der Kolk's researches of this fact, that the hemiplegia caused by an apoplectic clot is on the opposite side, not only of the body, but of the face. The decussation of the anterior pyramids which accounts for the former can have nothing to do with the latter, since it takes place below the origin of the motor nerves of the face. And there is no decussation, as in the case of the optic nerves, between the fibres of these nerves themselves. But Van der Kolk has been able to trace white fibres, starting from the nuclei of the motor nerves, arching round through the median line, or raphé, and passing up on the opposite side of the medulla to the corpora striata. If, as is most probable, it is along these channels that the orders of the will reach the nuclei of the motor nerves of the face, it is easy to see why here also paralysis should occur on the opposite side to that of the cerebral lesion. Similar fibres pass from the sensory nuclei through the median line, and convey the sensitive impressions to the optic thalami.*

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* According to Van der Kolk, in poisoning by this drug the gray matter of the cord is found highly congested, and sometimes even effusions of blood have taken place.

Hitherto we have examined only those parts of the medulla oblongata which are continuations, however modified, of the component parts of the spinal cord. But we encounter here new ganglia, peculiar to this portion of the nervous system. The most important of these are the olivary bodies,—masses of gray matter lying along the whole length of the medulla, and entering into intimate connection, through fibres, with the nuclei of the nerves, especially those of the facial and hypoglossal. Messrs. Todd and Bowman remark, "It seems highly probable that the olivary bodies constitute the essential portion or *nucleus* of the medulla oblongata; that on which its power as an independent centre depends." And this is to a great extent true: though not if meant to imply that these ganglia give any new power or function to the medulla. They are rather to be regarded as accessory nuclei to the hypoglossal and facial nerves, rendering their functions more varied and extensive. In animals, they are double on each side, the superior body being contiguous to and connected with the nucleus for the facial nerve, and the inferior one bearing a similar relation to the hypoglossal ganglia. In man, the two bodies are welded together as one: yet the same connections are kept up with the nuclei of these two nerves. Their function with regard to the facial nerve would seem to be subservient to the varied play of feature expressive of emotional excitement, which is dependent upon that nerve for its manifestation. Thus the superior body or portion is most strongly developed in man and in the carnivora, somewhat smaller in the rodentia, still smaller in the herbivora, and particularly small in the ass: in which animals a similar gradation is observable in the power of expressing the passions by the face. That division or portion of the olivary body which is connected with the hypoglossal nerve has a two-fold function. In animals, it ministers to the process of deglutition; but in man (in whom it is much larger) it also enables the tongue to carry out the varied play of movements requisite for articulate speech. There are several smaller accessory ganglia in the medulla oblongata. One of them, connected with the facial nucleus, appears to preside over the power of winking: it is particularly large in birds, in whom the movement of the membrana nictitans is very remarkable.

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* There is one exception to this statement, which, like most exceptions, proves the rule. The nucleus of the sixth nerve, which supplies the external rectus or abductor muscle of the eye, sends out fibres which pass outwards (instead of inwards) and upwards, and reach the corpus striatum without decussation. By this arrangement the curious antagonism between the muscles of the eyes requisite to give them the same simultaneous direction, is provided for. If we would look to our left hand, the external rectus of the left eye, and the internal rectus (supplied by the third nerve) of the right, must act together; and *vice versâ*. And by this arrangement the fibres transmitting the orders of the will to these nerves would reach the nucleus of the sixth nerve on one side, and that of the third nerve on the other simultaneously.

A few interesting points connected with the medulla oblongata may be mentioned ere we leave it. First, the importance of this part of the nervous system arises from its containing the ganglionic centre of the vagus,—the normal excitor of respiration, and the great controller of the action of the heart. But the supposition of Flourens, that it contains within it the *nœud vital,* or centre of life, is quite unwarranted by facts. Second, while the anterior columns of the cord pass along the anterior pyramids to the corpora striata, the lateral columns appear to terminate in the medulla oblongata, on a level with the pneumogastric nuclei. We have seen that while the anterior columns convey the orders of the will for the movements of the limbs, the lateral columns seem rather to belong to the muscles of the trunk. And it is a remarkable thing that in hemiplegia from cerebral lesion, it is the arm and leg only which are paralysed, the intercostal and abdominal muscles and the diaphragm of the same side remaining in their integrity of function. The connexion, moreover, of the pneumogastric nucleus with the gray cells in which the lateral columns terminate, explains the reflex process involved in respiration. Thirdly, we have seen that the sensory root of the fifth pair forms more extensive connexions with neighbouring nuclei than does any other of the cranial nerves; which accounts for the vast number of reflex actions excited through its medium in the face and throat. We would here mention that its palatine branch (and not the glosso-pharyngeal) forms the excitor nerve of the reflex act of deglution,—the hypoglossal being the motor nerve of the process. Its nucleus also forms extensive connexions with that of the pneumogastric nerve, by which is explained the respiratory movements excited by cold and other stimuli applied to the skin of the face. Lastly, Messrs. Todd and Bowman consider the medulla oblongata the centre of *emotional* action. It is certainly remarkable that the parts and functions most affected by emotion—as the face, the throat, the heart, the breathing—receive their nervous energy from this spot. Farther, cases of paralysis of voluntary motion of cerebral origin have been observed, in which strong emotions have prevailed to move the limbs affected; apparently indicating that emotion affects the cranio-spinal axis lower down than the will can reach. But this question must be regarded as *adhuc sub judice.**

V. and VI.

We have now examined into the structure and functions of the central portion of the nervous system, viz., that contained with the cranium and the vertebral column. There yet remains for our notice its peripheral portion—the nerves which, issuing from it, ramify to every part of the body. And with these we must consider that assemblage of ganglia and cords which commonly bears the name of the sympathetic nerve, or ganglionic system.

And first, of the Sympathetic. Here, as in the cerebro-spinal system, we have the two component parts, ganglionic centres and issuing nerves. But the former are not found massed together so as to form anatomical unities like the cerebrum and spinal cord. The greater number are arranged in a double chain, lying along the sides of the bodies of the vertebræ on their anterior aspect, and united at their terminal extremities on the coccyx and within the cranium. The ganglia of this chain are sometimes (as in the cervical region) fused together in masses of two or three, but more commonly are simply united to those above and below them by nervous cords. They form intimate connexions with the spinal nerves, each ganglion sending off some of its gelatinous fibres to the corresponding nerve, and receiving from it white tubular fibres in return. The former terminate mainly in the ganglion or the posterior root, but are to some extent continued into the cord for the supply of its blood vessels. The latter, consisting of both motor and sensitive fibres, pass through the sympathetic ganglion without forming any connexion with its cells, and accompanying the true sympathetic fibres in their course through the body. But while the greater number of the sympathetic ganglia are thus arranged, there are several which lie on the anterior surface of the bodies of the vertebræ. These, together with numerous offshoots from the gangliated cords above mentioned, and from the cerebro-spinal nerves, form three plexuses, one in the thorax, one in the abdomen, and one in the pelvis, called *cardiac, solar* and *hypogastric* respectively. A few other ganglia, intimately connected with the two former kinds, are found in the substance of the heart and uterus, and dispersed at irregular intervals within the cranial cavity. The latter are known as the ophthalmic, spheno-palatine, otic, and sub-maxillary ganglia.

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* Most of our present information with regard to the medulla oblongata will be found, as original or collated matter, in Schroeder Van der Kolk's interesting treatise on the subject.

The nerves which issue from the sympathetic ganglia—compounded, as we have seen, of two kinds of fibre, from different sources—appear to be in all cases destined for the supply of *involuntary muscular fibre.* They form plexuses around the arteries up to their termination in the capillaries, and doubtless enter into communication with their muscular coats. They animate the walls of the alimentary canal, except at its upper and lower parts, and those also of the respiratory tubes, the heart, the uterus, the bladder, and the ducts of glands.

The anatomical facts relating to the Sympathetic System which have now been stated would of themselves lead us to certain conclusions respecting its functions. First, it must be a distinct division of the nervous system, its ganglia being independent centres of nervous power. Secondly, its intimate connexion with the cerebro-spinal system must render it greatly subject to the latter's influence. Thirdly, its nerves in all probability supply motor stimuli to the muscular walls of the heart and arteries, and of the viscera generally. They also give to these organs the slight amount of sensibility which they possess, but which they rarely manifest except in disease.

But the source from whence the greatest light has been shed upon the functions of the sympathetic is experiment. Brown-Sequard and Claude Bernard in France, and Waller and Budge in England, have first divided the cervical portion of this nerve, and subsequently galvanized its cut peripheral end, and have obtained the following results:—Upon section of the nerve, there is an evident increase in the quantity of blood on the corresponding side of the face, the temperature there is notably higher, the sensibility of touch and of the special senses is enhanced, secretion and absorption go on faster, the vital properties (as muscular irritability, &c.) linger longer after death, and putrefaction and cadaveric rigidity come on later than on the opposite side. The eye is drawn backwards, the pupil is contracted, and the eyelids partially closed. On the other hand, when galvanism is applied to the peripheral extremity of the divided nerve, precisely the opposite set of phenomena occur. The blood-vessels contract, and the quantity of blood diminishes; the temperature falls; sensibility and muscular irritability are impaired, and disappear after death sooner than on the opposite side, while rigor mortis and chemical changes set in earlier. In the eye we have dilatation of the pupil, and protrusion of the globe through the widely opened lids.

The effects of these operations on the eye appear to depend upon the loss of balance they cause in the motor nerves of its muscles. Thus, with regard to the state of the pupil. It is well known that the muscular fibres of the iris, by whose contractions the diameter of this aperture is enlarged or diminished, are arranged in two divisions—a circular set, immediately around its margin; and a more external longitudinal set, radiating from the centre to the circumference of the iris. It is obvious that the contraction of the circular fibres will diminish the size of the pupil, while that the longitudinal fibres will enlarge it. Now, the circular fibres are controlled by the third cranial nerve, the radiating ones by filaments from the cervical sympathetic. It is easy, therefore, to understand how the normal size of the pupil depends upon the equilibrium between these two sources of nervous influence being maintained unshaken. And further, that if the sympathetic be excited, dilatation must take place; while its section leaves the third nerve to act unbalanced upon the circular fibres, and so to produce contraction. A similar explanation will account for the other phenomena manifested in the eye.

But it is evident that the great majority of the symptoms arising from section or galvanization of the sympathetic are to be referred to the dilatation or contraction of the blood-vessels which these operations respectively produce. The increase or diminution in temperature, sensibility, and vital properties generally, are quite explicable by the greater or less afflux of blood permitted by the arteries, according as they are paralyzed by section, or contracted by stimulation of their motor nerves. And great light is thrown by these experimental results upon many points in pathology and pathogenesy. If we consider the cold stage of fever and ague, and the collapse of cholera and of many kinds of poisoning (as by Aconite, Arsenic, Quinine, and Veratrum),* it will be evident that these are only extensions to the whole system of the phenomena produced by galvanization of the sympathetic in the neck. The subsequent hot stage of fever and ague, the consecutive fever of cholera, and the reaction from the poisons mentioned (where death has not taken place in the first stage), are just the secondary dilatation of the arteries after their abnormal contractions, while the sweating stage represents their relief by effusion. Inflammation, again, is the same three-fold process in a particular tissue or organ. The contraction, the morbid dilatation, and the exudation of serum or liquor sanguinis are the recognized stages of this process, and can be, to a great extent, produced or controlled through the medium of the vaso-motor nerves of the part. In inflammation, however, as we shall see hereafter, the tissues outside the blood-vessels play an important and indeed indispensable part.

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* The characteristic distinction of these drugs admirably point to their use in disease. All have the three stages of chill, heat, and sweating; but the action of Arsenic is accompanied with great prostration of the vital powers, with vomiting and purging, and with tendency to intermission. Veratrum has the two former characters, with marked predominance of the cold stage; and Quinine and Aconite are simple in their action, but the former has the intermittent tendency of Arsenic. It is evident, therefore, that Aconite is most homœopathic to simple inflammatory fever, Quinine to ague, and Veratrum to cholera; while Arsenic corresponds to the adynamic (typhoid) fevers, and to the worse forms of both ague and cholera. And clinical experience has abundantly confirmed these theoretical indications.

It must be considered as yet an open question, how far the vaso-motor properties of the sympathetic belong to it as an independent system, or are given it by the cerebro-spinal fibres which travel along its nerves. There are many facts in pathology and pathogenesy which point to the former opinion as the true one. Thus, in the collapse of cholera, and in that produced by arsenical poisoning, we have an intensely excited state of the vaso-motor nerves co-existing with an equally intense prostration of all the vital powers, including those of the cerebro-spinal centres. On the other hand, those who enquire experimentally into the subject seem disposed to consider the sympathetic as a mere offset of the cranio-spinal axis. They state that section of certain of the anterior spinal nerve-roots will produce the same results in the head and face as division of the cervical sympathetic; and that a transverse section of a lateral half of the cord in the dorsal region will cause dilatation of the arteries, with increase of temperature and sensibility, in the corresponding hinder limb. They also affirm, with regard to other involuntary muscles, that irritation of appropriate portions of the spinal cord will excite the vermicular motions of the intestines as surely as when the sympathetic ganglia or nerves are themselves galvanized. The question is thus as yet *sub judice;* but I cannot repress my conviction that the sympathetic ganglia and nerves will be found to be a distinct portion of the nervous system, capable indeed of being acted upon through the medium of the cerebro-spinal centres, but possessing also independent functions and affinities, both in the normal processes of health and with regard to drugs and disease.

In spite of the extensive connexion of the sympathetic with the cerebro-spinal system, the will has no control over the muscles supplied by it. On the other hand, the emotions exercise a powerful influence over at least its upper portion, for the sudden blush of shame and pallor of fright can only be produced by the vaso-motor nerves. When speaking of the power of emotion over limbs paralysed to the will, I mentioned the theory of Messrs. Todd and Bowman as to the medulla oblongata being the emotional centre, as a possible explanation of the facts. And it is worthy of notice, that Schiff considers the medulla oblongata as the source of the cerebro-spinal fibres of the cervical sympathetic. If these two views be correct, we have a ready explanation of the influence of emotions upon the blood-vessels of the head and face.

I have said that the sympathetic nerve-fibres are exclusively distributed to involuntary muscular fibre. It is by the contraction or paralysis induced in *muscle* that this system influences, in health and in disease, the organic functions. Thus, if the vaso-motor fibres of a gland are irritated, the blood-vessels contract, and secretion is diminished or checked; if they are divided, a great flow of blood takes place through the dilated arteries, and secretion is increased. But the sympathetic cannot be considered, according to Bichat's nomenclature, as the "nervous system of organic life." The cerebro-spinal centres also furnish nerve-fibres to the glandular organs, whose excitation gives rise to phenomena precisely opposite to those which result from irritation of the sympathetic, viz., increased afflux of blood and secretion. These fibres seem to be distributed to the secreting tissue of the gland itself, upon which they act directly, causing it to attract more blood to its neighbourhood (*ubi irritatio, ibi fluxus*), and to make more use of it when obtained. Thus, excitation of the chorda tympani, a branch of the facial nerve going to the submaxillary gland, will cause an increased flow of saliva along Wharton's duct; while galvanization of the sympathetic nerves of the same gland will instantly check the secretion. Irritation, mechanically or by disease, of the roots of the pneumo-gastric, or division of the sympathetic nerve, will alike cause an increase in the glycogenic function of the liver, and the appearance of sugar in the urine. In the one case, the excited activity of the secreting cells determines an increased flow of blood to the organ; in the other, the greater afflux of blood causes the hyper-secretion.

Now secretion is merely a modification of nutrition. In both, the external tissues select certain elements from the blood with which they are supplied: but in the latter process these elements are assimilated to their own substance; in the former they are passed on through ducts to be excreted, or to perform functions in other parts of the body. It is probable, therefore, that the same laws of nervous supply will hold good in every part of the system: that there will be cerebro-spinal fibres going to its tissue, and sympathetic fibres supplying its blood-vessels. And that such is the case, the phenomena of reflex inflammation, afterwards to be noticed, go far to prove.

These considerations are of the utmost importance in considering the pathology and therapeutics of inflammation, which is merely a perverted nutrition. Let us consider what takes place when (to use the familiar illustration of the lecture rooms) an irritation is applied to the web of the frog's foot. The blood-vessels are seen first to contract and then to dilate beyond their normal calibre, thus admitting a larger quantity of blood to the part. This is *congestion*. If the irritation was not severe or prolonged, this condition gradually passes off without leaving morbid effects behind. Now in this case we have a direct excitation of the blood-vessels, causing their contraction, and a secondary paralytic dilatation, probably from exhaustion of their irritability.* But the hyperæmia thus produced does not go on to true inflammation, if the vital powers of the part or of the whole body be not otherwise impaired. In healthy animals on which the division of the cervical sympathetic has been practised, no inflammation results from the increased afflux of blood to the corresponding side of the head and face. But Claude Bernard has found that if animals have been starved for a few days before the operation, and then the vaso-motor nerves—say those of the pleura—are divided, intense inflammation, going on even to suppuration, is set up in the part.

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* Aconite, Belladonna, and Ergot will produce these phenomena, as well as irritants in general.

On the other hand, let a more intense and prolonged irritation be applied to the web. Here also we shall have the primary contraction and secondary dilatation of the arteries; but further phenomena will also result. There will be increased activity of circulation all about the part, and stagnation of the blood-current within it; and exudation of liquor sanguinis will take place. This is true *inflammation*. In this case the irritation has affected, not merely the vessels but the tissue of the part itself, which by its abnormal action has perverted nutrition into inflammation.

Upon one or other of these principles we can explain well nigh every form of inflammation. The latter mode corresponds to all cases arising from external irritants; from morbid poisons conveyed by the blood to the tissues they affect,—as the endocarditis from the lactic acid of rheumatism (Richardson), and arthritis from the uric acid of gout (Garrod); and from the effects of drugs, as the gastritis of Arsenic, the nephritis of Cantharis, &c. It is in this manner, also, as we shall see, that sympathetic or reflex inflammations are produced, in this case through an irritation of the tissue nerves. On the other hand, the mode in which Claude Bernard excited pleurisy in animals seems to give the rationale of the numerous cases of inflammation caused by exposure to cold. If this agent be applied, locally, we have first coldness and paleness from contraction of the arteries, and then—if its application be discontinued—warmth and redness from their secondary dilatation. Here the sequence of phenomena ends. But if the cold has been severe and prolonged—as for instance in frost-bitten parts—the re-action will go on to inflammation, and even to gangrene. This is on account of the vital depression of the tissues, as in the animals under Bernard condemned to starvation. So again, six persons shall be exposed to cold: two shall escape scot free, two shall have a simple catarrh, but the fifth shall be laid up with pneumonia, and the sixth with nephritis. Now, in all these persons the cold will have produced throughout the frame the contraction and dilatation of the arteries characteristic of its local action. But, in the first two cases, the high state of the general health has caused the process to stop here. The third and fourth, not being quite up to the mark, suffered from a sub-acute inflammation of the upper respiratory mucous membrane, which is most exposed to the air. The fifth, being in still poorer health, had a pneumonia—the seat of the inflammation being again determined by local reasons: while in the sixth the kidneys were already, from local or other causes, in a state of impaired vitality, and thus inflammation is set up in them.

Turning now to the therapeutics of inflammation, it is clear that we may attack it in two ways. Through the medium of the vaso-motor nerves we may act on the blood vessels, and through that of the cerebro-spinal nerves—or directly—upon the inflamed tissue. The rule according to which we prescribe would lead us in the former case to select such remedies as are known to produce primary contraction and secondary dilatation of the arteries of the part, whose effects thereupon would accordingly be stated in our provings to be congestion. According to the second mode we should choose a tissue-irritant of the part affected, which according to the law of similars would extinguish the irritation already existing. Thus in gastritis we might either give Belladonna, which is a vaso-motor excitant, or Arsenic, which is a tissue-irritant to the gastric mucous membrane. And perhaps a better effect would be obtained by alternating the two than by giving either of them singly.

It appears from this that there are at least two modes in which drugs, chosen according to the rule "similia similibus," act in the recesses of the organism. In the case of tissue-irritants there is a real substitution of a drug-action, similar to the morbid process going on in the part, for the latter action itself, and an extinguishment of it thereby. This is Hahnemann's own earlier rationale of homœopathic cure, and so far appears to be correct. But when vaso-motor excitants are given to relieve inflammation, the theory of Fletcher holds good, and their action (save in the first brief stage of contraction, which rarely comes under treatment) is really antipathic, although the law of similars will suffice to guide in their selection. And a very important rule for the dose will form a corollary to these principles. When we are treating inflammation of any part with its proper tissue-irritant, the dose must be small, and may be infinitesimal. When we are exhibiting a vaso-motor excitant, the dose must be moderately large. The instance of gastritis, above cited, may again serve to illustrate this rule.

During my early inquiries into homœopathy, I had a case of acute gastritis under my care, which I treated with five drop doses of the tincture of Belladonna of the London Pharmacopœia. Shortly after commencing to practise homœopathy, I met with a similar case, for which I prescribed Arsenicum 12. On comparing the two cases, I hardly know which was cured with the most gratifying rapidity. Consider what would have been the result had I reversed the proportions of dose, and the value of the rule will become still more apparent.*

As a conclusion to this paper, I propose briefly to sum up the points concerning reflex action which have lately been ascertained. So far as this mode of action concerns only the muscles of motion—voluntary and involuntary—the subject has been exhaustively worked out by Marshall Hall and his disciples. But later researches, especially those of Dr. Brown-Sequard, have led us to extend reflex action also to sensitive, vaso-motor, and tissue nerves, and have thus brought a large number of facts in physiology and pathology, hitherto imperfectly understood or vaguely styled "sympathetic," under this head. In recounting these, I shall closely follow Dr. Brown-Sequard, to whose tenth lecture I would refer my readers for farther details.

It may easily be seen that an irritation, conveyed along a centripetal nerve fibre to the cranio-spinal axis, may be reflected from it in four directions. 1st. Upon a musculo-motor nerve, causing contraction of a muscle or muscles. 2nd. Upon a sensitive nerve, giving rise to a neuralgia. 3rd. Upon a vasomotor nerve, causing a contraction of blood vessels. 4th. Upon a tissue nerve, producing a secretion or an alteration of nutrition, as the tissue it supplies is glandular or simple. It is also easy to perceive that each of these modes of reflex action may play an important part in the normal and abnormal processes of the organism.

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* These views on inflammation and its treatment have grown up in the course of studies instituted by Dr. Madden and myself with a view to the arrangement of the Materia Medica on a physiological basis. I mention this lest, appearing here under my name, I should seem to arrogate to myself any credit which their value may hereafter be thought to deserve.

1st. Of the normal actions falling under the first head I have already spoken. Its abnormal side is seen in the spasms, partial or general, produced by eccentric irritation. The vomitings of pregnancy, the convulsions of dentition, the laryngismus stridulus caused by enlarged bronchial glands, and the spasmodic asthma of gastric irritation are instances on a lesser scale; while the frightful spasms of the throat or of the whole frame seen in hydrophobia and traumatic tetanus owe their origin to the same cause. That the stoppage of the heart's action which results from a sudden blow upon the stomach, or a rapid draught of cold water when heated, is due to a reflex excitation of the vagus through the splanchnic nerves, has been shewn experimentally by Dr. Brown-Sequard. For after dividing either the splanchnic nerves, the spinal cord, or the vagus, no gastric irritation could affect the action of the heart.

2nd. It is not so common for a centripetal irritation to be reflected on a sensitive nerve. Yet cases are on record in which reflex neuralgia has been produced by a cicatrix, a stricture of the urethra, a carious tooth, or an injury of a nerve. The supraorbital hemicrania caused by gastric irritation falls under this head; and Dr. Watson in his lecture on neuralgia mentions many instances of a similar kind.

3rd. If the centripetal irritation be reflected upon a vasomotor nerve, we shall have a contraction of the blood-vessels supplied by it. It is improbable that such a process plays an important part in the normal actions of the organism; but it is a most fruitful source of many forms of disease. We have seen that excitation of the motor nerves of a gland in a full state of activity will immediately check its secretion, by cutting off the normal supply of blood. Now considering the nervous centres (as I have done in the early part of this paper) as so many glands generating nerve-force from the blood, and transmitting it through the nerves to its destination,—it becomes obvious that a sudden or chronic cessation of their activity may be produced by contraction of their blood-vessels by a reflex excitation. Thus we may have from this cause—(*a*) loss of consciousness; (*b*) paralysis; or (*c*) anæsthesia, according to the functions of the part of the nervous system affected. (*a*.) Sudden contraction of the arteries of the brain proper, by an irritation sent, directed or reflected from the medulla oblongata, appears in all cases to be the starting point of an epileptic fit.* The extreme pallor of the face which appears as the patient falls results from the same cause. The same irritation, falling upon the laryngeal, cervical and thoracic respiratory muscles, brings them into a state of tonic contraction, thus impeding the arterialization of the blood. From hence proceeds the purple hue which succeeds the primary pallor of the face, and the general clonic convulsions throughout the frame. In the so-called *petit mal* the cerebral arteries alone feel the irritation, and loss of consciousness, without laryngismus or convulsions, results. A less degree of contraction will give rise to the vertigo to which epileptics are so subject. I take this opportunity of calling the attention of my colleagues to the precise parallel of the epileptic paroxysm presented by poisoning with Hydrocyanic acid, which is, moreover, not only perfectly homœopathic to, but powerfully curative of the disease. Dr. Madden and myself have lately employed it extensively in this malady, and with most gratifying success. It is indeed no slight argument for the homœopathic law, that four of the severest diseases of the nervous system should be capable of precise simulation by certain powerful poisons. I speak of tetanus by Strychnia and Aconite; hydrophobia by Belladonna and Stramonium: epilepsy by Hydrocyanic acid; and catalepsy by the Indian Hemp (Cannabis Indica). (*b.*) If it is upon the vaso-motor nerves of the *motor* tract of the cranio-spinal axis that the irritation falls, we shall have reflex paralysis. As examples of this may be quoted the frequently observed paralysis in connexion with disease of the kidneys and bladder, the paralysis of children from dental or intestinal irritation, loss of power of certain muscles of the face from neuralgia of the fifth pair, of muscles of the leg from sciatica, etc. The distinctive characters of this reflex paralysis are thus enumerated by Dr. Brown-Sequard. "1st. The supposed cause has always preceded the paralysis. 2nd. The changes in the intensity of the cause have usually been accompanied with corresponding changes in the paralytic symptoms. 3rd. The remedies against paralysis have proved useless. 4th. The affection, in many instances, has been speedily cured after the cessation of the irritating cause. 5th. There was no visible alteration of the nervous centres in several cases in which an autopsy was made." Paralysis of this kind has long been known to exist, but to Dr. Brown-Sequard belongs the credit of first pointing out its rationale, viz., the contraction of the blood vessels of the part by reflex irritation of the vaso-motor nerves. But I venture to think that he himself is wrong in his farther supposition, that this contraction acts by modifying the nutrition of the part. The sudden loss of consciousness in epilepsy, the rapid remissions and exacerbations of reflex paralysis, and the absence of any visible alterations of the nervous centres in the autopsies of such cases, are much rather in favour of the hypothesis I have suggested, that the loss of function in such cases is analogous to the check of secretion produced by excitation of the vaso-motor nerves of glands. Were it from interruption of nutrition, atrophy would result, which pathological process is not unfrequently produced in muscles by this very reflex irritation of their vaso-motor nerves starting from neuralgia or a wound. (*c.*) If the irritation be reflected on the vascular nerves of sensory centres, anæsthesia is produced. Amaurosis and deafness may thus be caused by worms in the bowels, or by neuralgia of the face. Dr. Brown-Sequard has seen a case of anæsthesia of the two lower limbs due to sciatica, and mentions several others. It is probably in this manner that the amaurosis of Belladonna, and the deafness of Quinine are produced,—both of these drugs being excitants of the vaso-motor nerves.

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* Thus Kussmaul and Jenner have shown that epileptiform seizures (loss of consciousness with convulsions) may be produced at will in animals, by sudden cutting off of the supply of blood to the brain through the carotid and vertebral arteries, or by galvanization of the cervical sympathetic. Brown-Sequard has caused similar fits by peripheral irritation; and Van der Kolk has shown how invariably the medulla oblongata presents evidences of disease in epileptic patients. He has also called our attention to the two forms of the paroxysm, in one of which the tongue is thrust forward and bitten, while in the other this does not take place. In the latter form the fit itself is dangerous—death often taking place in the midst of it. In the former this is not the case, and the patient goes on to idiotcy or exhaustion. Now in the former class of cases he finds the medulla most affected near the ganglion of the hypoglossus, which is the motor nerve of the tongue; while in the latter the nucleus of the pneumo-gastric seems to have felt the stress of the disease, and thus the danger from asphyxia during the paroxysms has been more imminent.

4thly and lastly, the centripetal irritation may be reflected upon nerves going to tissues, glandular or simple. In the former case, a secretion will be produced: in the latter, changes will take place in the nutrition of the part. Reflex secretion is a common process, morbid and healthy. Excitation of the nerves of taste causes an abundant reflex secretion of the gastric, biliary, and pancreatic fluids; and conversely irritation of the mucous membrane of the stomach causes a flow of saliva to the mouth. Many other instances of normal and morbid reflex secretions are given by Dr. Brown-Sequard. If the tissue supplied by the irritated nerve be simple, modifications will take place in the interchange of elements between it and the blood. Its assimilative power may be simply increased, and so hypertrophy result—a change in bones often observed as the result of neuralgia; or that perversion of nutrition called inflammation, may be set up. Examples of the latter effect are found in the visceral inflammations caused by burns, the ophthalmia induced by prosopalgia, or by disease of the opposite eye, the peritonitis following operations on the vagina and cervix uteri, where no inflammation is found in these organs themselves, &c. &c. I again refer to Dr. Brown-Sequard for a longer list. Sometimes the modification of nutrition may assume the form of ulceration, as in the frequently quoted case observed by Mr. Hilton, and recorded by Mr. Paget in his *Surgical Pathology*. Here pressure on the median nerve by a fracture of the lower end of radius caused ulceration of the thumb and fore and middle fingers, which rapidly healed when, by so binding the wrist that the parts on the palmar aspect were relaxed, the pressure on the nerve was removed.

The value of the above facts concerning reflex action, besides their own exceeding interest, lies in the aid they afford us in carrying out that golden therapeutic rule, "tolle causam." If true disease in a part be the starting point of the irritation causing reflex disturbances, we must apply our specific remedies to that part. If the irritating influence be mechanical, it must be mechanically removed. Worms must be expelled, gums lanced, irritating substances in the stomach or bowels cleared away, decayed teeth extracted, tumours extirpated. In asthma, immense benefit may often be gained by dietetic treatment addressed to the stomach, as the lately published cases of Mr. Pridham conclusively show. In hydrophobia and traumatic tetanus, the nerve leading from the wound should always, where practicable, be divided. In these severe cases, moreover, great good has resulted from the diminution of the reflex excitability of the cord produced by the application of ice bags along the spine. In epilepsy, careful search should be made for any peripheral source of irritation, which Dr. Brown-Sequard believes to exist in most cases. Worms have frequently caused this disease, and also chorea: so also have tumours pressing on nerves, decayed teeth, necrosed bones, &c. In many cases, as is well known, the passage of the irritation from the periphery to the centre is accompanied by a peculiar sensation, called the "aura epileptica." Whenever this exists, a resection of a portion of the nerve leading from its wasting point might be performed with advantage; and when it travels along a limb, the tightening a ligature or tourniquet around the latter as soon as the aura is felt, will often check the paroxysm. All these measures are quite compatible with our specific treatment of the disease by drugs chosen according to the law of similars.

I have only now to say a few words upon the effect of loss of nervous influence upon the organic functions. There is no reason to believe that the proper vital energies of any part suffer from the cutting off of its nervous supply. Wounds, burns and fractures may be repaired as quickly in paralysed parts as in others. It is with the tissues and organs generally as with the muscles: their own independent vital contractility is not impaired by cutting off their nervous supply; but their sole normal stimulus to action being absent, they lie idle, and waste from inaction. Now the tissues generally require no stimulus, being always in action; but the glands, being intermittent in their activity, can only be roused to energy by an appropriate excitation. If this excitation be, as with the muscles, through the medium of nerves, it is evident that section of their nerves will paralyse them as effectually as it would in the case of muscles. But if, as with the glands of the stomach, the normal stimulus be immediate, then abstraction of nervous influence will not, after the first shock is over, permanently injure their activity. If the pneumogastric be divided while the secretion of gastric juice is going on, the process will be suddenly arrested; but two or three days afterwards (as ascertained by Dr. John Reid) it will be resumed, and will go on as if nothing had happened. The physiologist just named has aptly compared the relation of the nervous system to the organic functions to that of a rider to his horse. The former can excite by spur and control by bridle, but the motive power is in the animal; and if the rider falls off, the horse may proceed without impairment of his activity.

Galen is reported to have said, that in writing on the human body, he felt that he was composing a hymn in praise of the Creator. Perhaps not the least full strains of that ancient hymn are sung—consciously or unconsciously—by those who are unravelling for us the marvellous and complex actions of the Nervous system.

MISCELLANEOUS.

The Odium Theologicum of the Art Médical.

OUR excellent contemporary the *Art Médical*, from whose pages we frequently borrow articles of great value for our columns, has, ever since its foundation, delighted in a curious mixture of theology and medicine.

Both subjects are, no doubt, very good in their way; but we are puzzled to see the connexion between the highly spiced ultramontanism of the *Art* and homœopathy. However, it would not become us, whose imperfect education does not enable us to appreciate the theological tenets of our learned friends, to object to the mode in which they conduct their journal; and in consideration of the admirable medical articles that frequently appear in their pages, we can pardon the religious zeal that occasionally presents us with an essay on the theological views of the "angelic doctor," or a papal allocution, in an organ nominally devoted to the medical art. Far be it from us to deny a possible connexion between catholicism and homœopathy. That point could have been best discussed by our late reverend friend Mr. Everest, who attempted to prove the connexion between protestantism and homœopathy, with a fervid eloquence quite equal to that displayed by the writers of the *Art Médical*.

We presume we must lay it to the charge of their zealous ultramontanism that the editors of our French contemporary occasionally indulge in a sly rap at the presumed evils attendant on protestantism as compared with the unmitigated good that flows from pure catholicism.

In the number for July last the subject of infanticide in London forms a text for a lay sermon on the evils of heresy, which we think is singularly misplaced.

Infanticide, we will not deny it, has attained a monstrous height in our metropolis; but we doubt very much if heresy or orthodoxy has much or anything to do with the evil.

If we examine for a moment what are the chief causes of infanticide in this country, we shall find that its frequency depends altogether on certain vicious social arrangements for which protestantism is not answerable, and which might as well exist in the midst of a catholic community.

The main causes of infanticide would seem to be—1st, a desire to conceal the shame of having an illegitimate child; 2nd, inability to support the child; 3rd, the wish to obtain the sum of money payable by burial societies on the death of the child. These we believe to be the chief causes of direct infanticide. That many hapless infants are done to death by neglect, cruelty and improper food, we have no doubt, but such cases are less easily verified. That many infants are really murdered by their unnatural parents, where the murder never becomes the subject of legal enquiry, seems to be equally undoubted.

With respect to the first cause mentioned above, it is evident that the frequency of infanticide does not depend on the number of illegitimate births, for the proportion of such births is immensely greater in catholic Paris than in protestant London, and yet infanticide is comparatively rare in the former town. The facility afforded by the lying-in and foundling hospitals in Paris for the accouchement of unmarried women and the disposal of their children, removes all motive for infanticide among that class of the community, and also among that other class who cannot support their children.

In London, on the contrary, the hated workhouse is the only asylum open to the pregnant unmarried female; and such is the dread of that institution that many of them would die sooner than apply to be received into it. As for foundling hospitals, it is true there is one so-called in London, but its accommodation is so small, the conditions of admission to it so preposterous, and the difficulties of admission even for eligible cases so great, that it might as well not exist at all for all the good it does for the class it ought especially to assist.

The remedy for the evil of infanticide which naturally suggests itself is the establishment of lying-in hospitals open to unmarried women, and of foundling hospitals where the illegitimate and other children of parents who are unable to support them may be received. This remedy has frequently been proposed, but the objection has always been made, that if the facilities for the concealment of the birth and for the disposal of illegitimate children were as great in London as in Paris, such encouragement would thereby be afforded to vice that the proportion of illegitimate to legitimate children would speedily become as large in London as it is in Paris. This fear is probably well grounded, and it is for philanthropists to decide if it be desirable to eradicate the crime of infanticide at the probable expense of an enormous increase of the number of bastards. On this, as on most important questions, there is a great deal to be said on both sides, but we cannot stop to discuss the arguments for and against it at present. Whether it is a peculiarity of protestantism to seek to keep down illegitimate births at the price of large numbers of infanticides, and of catholicism to suppress infanticide at the price of a large increase of bastards, we will not pretend to decide. To us it appears that the objection to the establishment of foundling hospitals here depends on the same feeling that refuses to take cognizance of the so-called "social evil" by putting it under the surveillance of the police, as it is in every other civilized country. But this feeling has nothing in the world to do with "the dissolving dogma of heresy" (dogme dissolvant de l'hérésie), as our friend the *Art* expresses it, "causing a revolt against our duties towards our neighbours and towards God,"—phrases which, if we had found them anywhere but in the pages of our contemporary, we should not have hesitated to pronounce "twaddle."

The other cause of infanticide, viz., the premium offered by burial clubs for the death of an infant might, and we believe will soon be done away with by a legislative enactment regulating the mode of insuring the lives of infants in these clubs.

In the August number of the *Art Médical* we find a still more ambitious attempt to show the superiority of catholicism over protestantism in an article entitled "Rome and London, or catholic charity at Rome and the legal charity of London."

Rome and London! Who on earth would ever have thought of comparing the two, more especially in regard to their institutions for relieving poverty and beggary? While poverty is regarded in London as almost a crime, and discouraged in every possible way, beggary may be said to be the pet institution of Rome, without which, indeed, many of the principal ceremonies of the church could not exist. Accordingly, everything contributes in Rome to the growth and permanency of pauperism. While Rome pets and pampers its beggars, obtrudes them ostentatiously in the streets, where they assail every passer-by with their professional whine, establishes religious orders of beggars, and religious orders for furnishing able-bodied beggars with money and food, but not work, London forbids its beggars to appear in the streets, but supplies work and wages for all who are able, and gives a right to relief without work to all who are incapacitated by sickness or age, for labour. Which is the best system we will not attempt to decide; but such being the very different systems of treating pauperism in the two towns, it is obvious that no fair comparison can be instituted between the two. Again, whilst the priests of Rome are permitted and encouraged to exercise all their arts in order to induce their dying penitents to divert their money into the coffers of the church for charitable and ecclesiastical purposes; in England the law of mortmain sternly forbids such practices, and refuses its sanction to gifts of this nature.

When, then, we read in the paper referred to that Rome, in proportion to its population, spends about three times as much on the care of its sick poor as London does, we only feel surprised that the disproportion is so small. Rome has no trade worth speaking of, and its population consists mainly of priests and beggars, many of the former combining also the profession of the latter; whilst London is the busy mart of the world, and like all commercial towns it regards beggary as a disgrace, and has no room for hordes of priests and friars who make for themselves an occupation by fostering pauperism. It will thus be evident that London could not by any possibility have the proportion of paupers that Rome possesses, and therefore could not spend the same proportion of money on their relief that Rome does. The quantity of poor in London must be proportionately vastly smaller than in Rome. The only point on which a comparison would be worth making is whether the treatment of the poor is better in Rome or in London. If the perfection of the social state is to have as many beggars as possible, then doubtless the system carried on at Rome is vastly superior to that pursued in London; but before London can hope to rival Rome in this respect, she must become an ecclesiastical town, which she is not at present. Tastes may differ, but we must say we prefer for our own residence a commercial town where pauperism is looked upon as a disgrace, and something to be checked as far as possible, to an ecclesiastical town where the trade that is most encouraged is that of the beggar, where asylums take the place of markets, hospitals of exchanges, and begging friars of merchants.

It is amusing to see the prodigious errors contained in this article respecting the charities of London. The author, as the title indicates, means to contrast the catholic charity of Rome with the legal charity of London. And what does the reader suppose the author considers the *legal charity* of London? Of course the reply will be, those establishments of the Poor Law system, the workhouses. Not at all. The *legal* charity of London consists, according to our author, of the hospitals founded by voluntary private benevolence, viz., St. Bartholomew's, St. Thomas's, Westminster, Guy's, St. George's, London, Middlesex, Charing Cross, Free, King's College, University, St. Mary's, Bethlehem, St. Luke's, and all the private special hospitals! To show still further his complete ignorance, the author calls them parish hospitals! and implies that their name designates the parish in which they are situated! We beg to inform the author that only three of these hospitals bear the names of London parishes, and of these three only one, if one (St. Luke's,) happens to be situated in the parish whose name it bears. All these hospitals which our author asserts constitute the *legal charity* of London, are supported by private voluntary benevolence, independent of and in addition to the *legal charity* which is represented by the workhouses. It would thus appear that in his account of the *legal charity* of London our author omits all mention of the real legal charity, viz., the workhouses and county lunatic asylums, and actually describes the extra-legal or voluntary charity of London alone.

Now though London has no pretension to compete with Rome in the quantity of hospital accommodation she requires for and furnishes to the poor, still she does actually provide a vast deal more than the writer in the *Art Médical* allows. The writer, counting the *extra-legal* hospitals alone, finds them to provide 5445 beds for the accommodation of the sick, but to this he should have added the hospital beds provided by *legal* charity in the workhouses, to the number of 3389,* and those in the two county lunatic asylums of Hanwell and Colney Hatch, numbering 2000 beds, which will make the total hospital accommodation in London amount to 10,834 beds, or nearly double the figure given in the *Art Médical.* Instead of only 58 hospitals, the figure given by our author as the number of hospitals in London, adding the 38 workhouse hospitals and the two county asylums, the number of hospitals in London is properly 98, 58 of those being hospitals supported by private benevolence.

Another point on which the author of this paper is completely in the wrong is in giving the priority of the date of the first hospital to Rome. Now, as Rome was the capital of the world when London was a village of mud huts with painted savages for inhabitants, and as Rome was the seat of all the arts and sciences when London was in a state of pure barbarism, it would be no disgrace to London to have been anticipated in the foundation of Hospitals by Rome. And yet it appears that the Hospital of St. Bartholomew was founded by Rahere as early as 1123, nearly seventy years before the foundation of the oldest Roman hospital, that of St. Mary. This the writer in the *Art Médical* might have learned from Sampson Low's work, "*The Charities of London,*" from which he professes to quote. He would also there have seen that St. Thomas's was founded in 1553, and not in 1732, as he asserts.

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* Vide a paper on "Our Hospital System" in this Journal, Vol. xiv, p. 209.

Towards the end of his paper the author betrays a strange confusion of mind. Speaking of the workhouses, with which he seems to confound the voluntary hospitals, he says: "English philanthropy has known how to make alms a burden to the giver, a disgrace and a torment to the receiver. Charity in London has become a *tax*, the hospital a *prison*;" and then with strange inconsistency he adds, "legal charity creates pauperism."

The fact is that "legal charity," such as it is exemplified in our Poor Law system, which by the way is not charity at all, but merely a mechanism for supplying with the most unsentimental impartiality work and wages to able-bodied paupers, and food, shelter and medical attendance to sick and infirm paupers,—"legal charity" of this sort, we repeat, discourages pauperism in every possible way. Certainly the poor-rate is a burden to the payer, and Poor Law relief is not pleasant for the recipient; but it is not intended to be otherwise, and that for the very tangible reason that it is intended to check pauperism, which it does. With regard to the extra-legal charity for which the Londoners voluntarily tax themselves over and above the rate the law obliges them to pay, we will not undertake to say whether it creates pauperism or not; in many cases it gives it direct encouragement, and is therefore the exact reverse of the "legal charity" of the Poor Law system.

But taking the whole system of charity and Poor Law relief in London, the legal and the extra-legal, we cannot see how the London system can be reproached by the admirer of Rome with creating pauperism, when it so happens that the very figures of the writer in the *Art Médical* show that eleven times more persons receive charitable relief in the hospitals of Rome than in those of London proportionately to the number of inhabitants in each. Of course we know that the disproportion is not nearly so great as the writer makes it, for we have shown he enumerates only about one half of the actual hospital accommodation of London; but it was on the foundation of his own figures that he drew the conclusion that London creates pauperism, leaving it to be inferred that Rome extirpates it. Oh, religious bigotry! into what grievous errors will you not lead even men of science!

The figures given by the writer himself give a formal contradiction to his conclusions. One of his own tables shows that London pays upwards of 34,000,000 of francs (£1,360,000) in poor rates, and that she voluntarily taxes herself to the tune of upwards of 20,000,000 francs (£800,000)* more for her hospitals and other charitable institutions, and yet he abuses what he ignorantly terms the "legal charity" of London, and contrasts it tauntingly with the marvellous munificence of Rome, the capital of Christendom, the favourite field for the display of the christian charity of the catholic world, the town whose main business is charity, while in London it is something quite beside the ordinary avocations of her citizens; and yet this wonderful Roman charity, to which we may say the whole catholic world contributes, reckoning everything together is less than 5,000,000 francs (£200,000). Why the whole of this boasted charity of Rome does not amount to one fourth part of what London voluntarily taxes herself for over and above the already heavy tax of the poor rate.

But would it ever occur to any but an ultramontane bigot determined to make out a case against protestant heresy to compare the statistics of two such totally different towns as Rome and London? As well might we think of comparing Jerusalem with New York, or Timbuctoo with Amsterdam. Why if the writer were to contrast the "legal charity" of his own town of Paris with the "catholic charity" of Rome, he would find a still more striking disparity than he has been able to make out in his contrast of London and Rome.

We find from statistical tables published by Government authority now before us, that the total number of hospitals, asylums and hospital-asylums in Paris in 1847 (more recent tables are not at hand) was 27, that the total income of these establishments for that year was 12,690,823 francs, and that the population of Paris by the census of 1846 was 1,034,096 inhabitants. Now let us contrast these figures with those for London and Rome.

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* This sum merely represents the regular annual charity of London, including the income derived from charitable endowments, but it does not include the occasional and incidental charities of London called forth by accidental and unexpected circumstances, such as the Patriotic Fund raised during the Crimean war for the relief of those who suffered in that war; the fund raised after the Indian mutiny; the subscriptions for the relief of the Indian famine; and the occasional subscriptions for the relief of sufferers in foreign countries, as the victims of the inundations in France, the recent conflagrations in Switzerland, &c. &c. The total amount of all these various charitable institutions would represent an immense sum. Nor does the above sum include the home and foreign missionary societies, the bible societies, and some recently endowed asylums for the members of certain professions, the sums subscribed for which amount to upwards of £1,000,000 (25,000,000 francs) more.—(See Sampson's *Charities of London*, preface, p. xiv.)

	Hospitals, &c.		Cost in Francs.		Population.
Rome	19	..	4,988,026	..	176,002*
Paris	27	..	12,690,823	..	1,034,096
London	98	..	54,962,100	..	2,362,639

From this table it will be seen, that whilst Rome has one hospital for every 9263 inhabitants, Paris has only one hospital for every 38,299 inhabitants, and London one hospital for every 24,108 inhabitants. Again, Rome pays nearly 28 francs, Paris little more than 12, and London above 23 francs per head for their respective hospitals and asylums for the poor. Thus heretical London pays proportionately nearly double what catholic Paris does, and not very far short of what that model of christian charity, Rome, pays.

Will the writer of the article in the *Art Médical* consider these figures, and tell us what inference we are to draw from them?

In fact, the writer must know that his comparison of London and Rome is not only unfair, but positively absurd, the two towns admitting of no comparison in the matter of pauperism and its relief. To compare two large commercial and metropolitan towns like London and Paris in their respective hospital systems is perfectly legitimate, and this we have already attempted to do,* and we have done ample justice to the superiority in certain points of the Parisian system; but a writer must be utterly blinded by religious bigotry to contrast two such utterly dissimilar localities as Rome and London, and to draw such utterly illogical and unwarrantable conclusions from his figures as this writer has done.

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* The Roman catholic inhabitants of London are estimated at upwards of 250,000, consequently considerably more than the whole population of Rome; but as far as we can ascertain, the Roman Catholics of London, in addition to paying their quota to the poor rate, do nothing specially for their poor beyond supporting a few educational establishments, clothing associations and reformatories. If munificent charity were a special virtue of catholicism, as the writer endeavours to make out, should we not expect to see the catholics of London putting the protestants to shame by the liberality of their provision for their sick and poor? We have no doubt the Catholics of London contribute their share to the support of the hospitals and other voluntary benevolent institutions which have no special religious character, but we have no reason to suppose that they contribute more than their share.

* Vide "Our Hospital System," Vol. xiv, p. 209.

We are glad always to meet our excellent contemporary in the domain of pure science, but we would sincerely counsel him to keep his science clear of his theology. Both may be excellent of their kind, but they will no more amalgamate than oil and water, and the attempt to combine them results only in rendering both ridiculous.

Had we met with an article like that of "Rome and London" in a so-called religious journal, we should have felt neither surprise nor annoyance, for we know better than to expect either candour, fair play or truth in the polemical writings of religious sectarians of whatever denomination; but we cannot easily pardon a scientific journal for importing into its pages the disingenuousness, illiberality and untruthfulness of religious controversialists, and all this not to promote scientific truth, but to gratify a rabid odium theologicum, and to endeavour to make out a case against protestantism by the exercise of an Old Bailey ingenuity in special pleading, wherein facts are perverted, reasoning is misapplied, logic set at defiance, and science draggled in the dirt, all to serve the cause of despicable religious bigotry.

Sir Benjamin Brodie on Homœopathy.

The great oracle has spoken, the mighty champion of allopathy, the big B.B. himself has entered the lists, with his back to the light and his face to the foe, and from the elevated vantage ground of his eminent fame and high station he expects with a few blows speedily to put that small creature homœopathy hors de combat. The ground is of his own selection, it is the popular field of *Fraser's Magazine*, where he expects a large crowd of spectators to witness his prowess. Homœopathy fears not the stalwart adversary, but with her face to the sun of truth which dazzles her not, and with her feet firmly planted on the solid ground of reason and experience, she is prepared to return blow for blow, and has no doubt of the issue of the combat.

And now let us hear what Sir Benjamin has to say against homœopathy. We shall give his letter entire, merely numbering his paragraphs for the sake of reference.

"LETTER TO J. S. S. ESQ., FROM SIR BENJAMIN BRODIE, BART.

(1) "Dear Sir,—You desire me to give you my opinion of what is called Homœopathy. I can do so without any great labour to myself,

and without making any exorbitant demand on your patience, as the question really lies in very small compass, and what I have to say on it may be expressed in very few words.

(2) "The subject may be viewed under different aspects. We may inquire, first, whether Homœopathy be, of itself, of any value, or of no value at all? secondly, in what manner does it affect general society? and thirdly, in what relation does it stand to the medical profession?

(3) "I must first request of you to observe that, whatever I may think at present, I had originally no prejudice either in favour of or against this new system: nor do I believe that the members of the medical profession generally were in the first instance influenced by any feelings of this kind. The fact is, that the fault of the profession for the most part lies in the opposite direction. They are too much inclined to adopt any new theory or any new mode of treatment that may have been proposed; the younger and more inexperienced among them especially erring in this respect, and too frequently indulging themselves in the trial of novelties, disregarding old and established remedies. For myself, I assure you that, whatever opinion I may now hold, it has not been hastily formed. I have made myself sufficiently acquainted with several works which profess to disclose the mysteries of Homœopathy, especially that of Hahnemann, the founder of the Homœopathic sect, and those of Dr. Curie and Mr. Sharpe. The result is, that, with all the pains that I have been able to take, I have been unable to form any very distinct notion of the system which they profess to teach. They all indeed begin with laying down, as the foundation of it, the rule that *similia similibus curantur;* or, in plain English, that one disease is to be driven out of the body by artificially creating another disease similar to it. But there the resemblance ends. Hahnemann treats the subject in one way, Dr. Curie in another, and Mr. Sharpe in another way still. General principles are asserted on the evidence of the most doubtful and scanty facts; and the reasoning on them for the most part is thoroughly puerile and illogical. I do not ask you to take all this for granted, but would rather refer you to the books themselves; being satisfied that any one, though he may not be versed in the science of medicine, who possesses good sense, and who has any knowledge of the caution with which all scientific investigations should be conducted, will arrive at the same conclusions as myself.

(4) "But, subordinate to the rule to which I have just referred, there is another, which, by some of the Homœopathic writers, is held to be of great importance, and which is certainly the more remarkable one of the two. The doses of medicine administered by ordinary practitioners are represented to be very much too large. It is unsafe to have recourse to them, unless reduced to an almost infinitesimal point; not only to the millionth, but sometimes even to the billionth of a grain. Now observe what this means. Supposing one drop of liquid medicine to be equivalent

to one grain, then, in order to obtain the millionth part of that dose, you must dissolve that drop in thirteen gallons of water, and administer only one drop of that solution; while, in order to obtain the billionth of a grain, you must dissolve the aforesaid drop in 217,014 hogsheads of water. Of course, it is plain that this could not practically be accomplished, except by successive dilutions; and this would be a troublesome process. Whether it be at all probable that any one ever undertook to carry it out, I leave you to judge. At any rate, I conceive that there is no reasonable person who would not regard the exhibition of medicine in so diluted a form as being equivalent to no treatment at all.

(5) "But however this may be, I may be met by the assertion that there is undoubted evidence that a great number of persons recover from their complaints under Homœopathic treatment, and I do not pretend in the least degree to deny it. In a discourse addressed by myself to the students of St. George's Hospital, in the year 1838, I find the following remarks:—'There is another inquiry which should be always made, before you determine on the adoption of a particular method of treatment; what will happen in this case, if no remedies whatever be employed, if the patient be left altogether to nature or to the efforts of his own constitution?

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The animal system is not like a clock or a steam-engine, which, being broken, you must send to the clockmaker or engineer to mend it; and which cannot be repaired otherwise. The living machine, unlike the works of human invention, has the power of repairing itself; it contains within itself its own engineer, who for the most part, requires no more than some very slight assistance at our hands.' This truth admits, indeed, of a very large application. If the arts of medicine and surgery had never been invented, by far the greater number of those who suffer from bodily illness would have recovered nevertheless. An experienced and judicious medical practitioner knows this very well; and considers it to be his duty, in the great majority of cases, not so much to interfere by any active treatment, as to take care that nothing should obstruct the natural process of recovery; and to watch lest, in the progress of the case, any new circumstance should arise which would make his active interference necessary. If anyone were to engage in practice, giving his patients nothing but a little distilled water, and enjoining a careful diet, and a prudent mode of life otherwise, a certain number of his patients would perish from the want of further help; but more would recover; and Homœopathic globules are, I doubt not, quite as good as distilled water.

(6) "But this does not account for all the success of Homœopathy. In this country there is a large proportion of individuals who have plenty of money, combined with a great lack of employment; and it is astonishing to what an extent such persons contrive to imagine diseases for themselves. There is no animal machine so perfect that there may not at

times be some creaking in it. Want of exercise, irregularity as to diet, a little worry of mind—these, and a thousand other causes, may occasion uneasy feelings, to which constant attention and thinking of them will give a reality which they would not have had otherwise; and such feelings will disappear as well under the use of globules as they would under any other mode of treatment, or under no treatment at all.

(7) "What I have now mentioned will go far towards explaining the success of homœopathy. But other circumstances occur every now and then, from which, when they do occur, it profits to a still greater extent. *Humanum est errare.* From the operation of this universal law medical practitioners are not exempt, any more than statesmen, divines, lawyers, engineers, or any other profession. There are cases in which there is a greater chance of too much than too little being done for the patient; and if a patient under such circumstances becomes the subject of homœopathic treatment, this being no treatment at all, he actually derives benefit from the change.

(8) "In a discourse to which I have already alluded, I thought it my duty to offer the following caution to my pupils:—'The first question which should present itself to you in the management of a particular case is this: Is the disease one of which the patient may recover, or is it not? There are indeed too many cases in which the patient's condition is so manifestly hopeless, that the fact cannot be overlooked. Let me, however, caution you that you do not in any instance arrive too hastily at this conclusion. Our knowledge is not so absolute and certain as to prevent even well-informed persons being occasionally mistaken on this point. This is true, especially with respect to the affections of internal organs. Individuals have been restored to health who were supposed to be dying of disease in the lungs or mesenteric glands.' * * * * * * 'It is a good rule in the practice of our art, as in the common affairs of life, for us to look on the favourable side of the question, as far as we can consistently with reason do so.' I might have added that hysterical affections are especially a source of error to not very experienced practitioners, by simulating more serious disease; seeming to resist for a time all the efforts of art, and then all at once subsiding under any kind of treatment, or, just as well, under none at all. Now, if it should so happen that a medical practitioner, from want of knowledge, or from a natural defect of judgment, makes a mistake in his diagnosis, and the patient whom he had unsuccessfully treated afterwards recovers under the care of another practitioner, it is simply said, 'Dr. A. was mistaken;' and it is not considered as anything very remarkable that the symptoms should subside while under the care of Dr. B. But if, on the other hand, the recovery takes place under the care of a homœopathist, or any other empiric, the circumstance excites a much larger portion of attention; and we really cannot very well wonder that, with such knowledge as they possess of these matters, the empiric should gain much credit with the public.

(9) "So far the practical result would seem to be that homœopathy can be productive of no great harm; and indeed, considering it to be no treatment at all, whenever it is a substitute for bad treatment, it must be the better of the two. But there is great harm nevertheless. There are numerous cases in which spontaneous recovery is out of the question; in which sometimes the life or death of the patient, and at other times the comfort or discomfort of his existence for a long time to come, depends on the prompt application of active and judicious treatment. In such cases homœopathy is neither more nor less than a mischievous absurdity; and I do not hesitate to say that a very large number of persons have fallen victims to the faith which they reposed in it, and to the consequent delay in having recourse to the use of proper remedies. It is true that it very rarely happens, when any symptoms show themselves which give real alarm to the patient or his friends, that they do not dismiss the homœopathist and send for a medical practitioner; but it may well be that by this time the mischief is done, the case being advanced beyond the reach of art.

(10) "That the habit of resorting to homœopathic treatment which has prevailed in some parts of society should have occasioned much dissatisfaction among the mass of medical practitioners, is no matter of wonder. It cannot be otherwise than provoking, to those who have passed three or four years of the best part of their lives in endeavouring to make themselves well acquainted with disease, in the wards of a hospital, to find that there are some among their patients who resort to them for advice only when their complaints have assumed a more painful or dangerous character; while they are set aside in ordinary cases, which involve a smaller amount of anxiety and responsibility, in favour of some homœopathic doctor, who, very probably, never studied disease at all. But it cannot be helped. In all times there have been pretenders, who have persuaded a certain part of the public that they have some peculiar knowledge of a royal road to cure, which those of the regular craft have not. It is homœopathy now; it was something else formerly; and if homœopathy were to be extinguished, there would be something else in its place. The medical profession must be contented to let the thing take its course; and they will best consult their own dignity, and the good of the public, by saying as little as possible about it. The discussions as to the evils of homœopathy which have sometimes taken place at public meetings, have quite an opposite effect to that which they were intended to produce. They have led some to believe that homœopathists are rather a persecuted race, and have given to the system which they pursue an importance which it would never have had otherwise; just as any absurd or fanatical sect in religion would gain proselytes if it could only make others believe that it was an object of jealousy and persecution. After all, the harm done to the regular profession is not so great as many suppose it to be; a very large proportion of the complaints about which

homœopathists are consulted being really no complaints at all, for which a respectable practitioner would scarely think it right to prescribe.

(11) "There was a time when many of the medical profession held the opinion that not only homœopathy, but all other kinds of quackery, ought to be put down by the strong hand of the law. I imagine that there are very few who hold that opinion now. The fact is, that the thing is impossible; and even if it were possible—as it is plain that the profession cannot do all that is wanted of them, by curing all kinds of disease, and making men immortal—such an interference with the liberty of individuals to consult whom they please would be absurd and wrong. As it now is, the law forbids the employment in any public institution of any one who is not registered as being a qualified medical practitioner, after a due examination by some of the constituted authorities; and it can go no further. The only effectual opposition which the medical profession can offer to homœopathy, is by individually taking all possible pains to avoid, on their own part, those errors of diagnosis by means of which, more than anything else, the professors of homœopathy thrive and flourish; by continuing in all ways to act honourably by the public; at the same time, never being induced, either by good nature or by any motives of self-interest, to appear to give their sanction to a system which they know to have no foundation in reality. To join with homœopathists in attendance on cases of either medical or surgical disease, would be neither wise nor honest. The object of a medical consultation is the good of the patient; and we cannot suppose that any such result can arise from the interchange of opinions, where the views entertained, or professed to be entertained, by one of the parties as to the nature and treatment of disease, are wholly unintelligible to the other.

"I am, dear Sir,
"Yours &c.,
"B. C. BRODIE."

The first thing that strikes us, is the oddity of any one applying to Sir Benjamin for an opinion on homœopathy. Neither his antecedents, his studies nor his qualities of mind, qualify him for expressing an opinion which shall be of the slightest value, respecting a medical doctrine and a system of treatment, which he has had no opportunity of putting to the one sole test whereby it can be judged, namely experiment. Sir Benjamin's opinion with respect to certain points of pathology and surgery may still be of value, and his physiological knowledge used to be very respectable a good many years ago, though he has long yielded up his position as an authority in that science to a younger generation; but in medicine who ever heard of Sir Benjamin being applied to as an authority? Even on old physic no practitioner would dream of consulting him, how then should he be presumed to know any thing about the new system? His achievements in medicine we believe to be limited to the invention of a mixture composed of potash water and small beer, his pertinacious prescription of which for all sorts of diseases, if it does not savour of quackery, at all events excites the pity and contempt of his own allopathic colleagues. Nevertheless Sir Benjamin is a great man, great in the peculiar departments to which he has devoted his great abilities and long experience; but physic is not, all his best friends will allow, one of those departments. A very great man in popular esteem is Sir Benjamin; indeed a short time ago there was a cry raised by his numerous admirers to elevate him to the peerage, under the style and title of Lord Scalpel of Cripplegate we suppose. A very successful man too; the public has long smiled upon him, making its Benjamin's mess one of the very largest; and success we all know not only enhances greatness, but causes its possessor to be looked up to as an eminent authority on all sorts of subjects. No doubt Sir Benjamin in his immediate circle of friends and toadies is regarded as a sort of infallible oracle on almost every matter, whether it be the amputation of a limb or the merits of a picture, the trim of a ship, or the harmony of a piece of music—why not then on the truth or falsity of a new medical system to which he has probably given as much attention as he has to music, painting or ship-building? The successful man finding his opinion constantly sought and deferentially received by his flatterers, in the end comes to imagine he is actually the great authority they represent him to be. This is, we conceive, the reason why Sir Benjamin's correspondent, "J. S. S," comes to consider Sir Benjamin a great authority, and Sir Benjamin comes to believe that his opinion on a subject we shall presently shew he knows nothing about, is of value.

(1) We have no doubt that it entailed no great labour on Sir Benjamin to give his opinion on homœopathy. It saves a world of trouble to condemn a subject off-hand without investigation; and this is the course pursued by the great majority of people in reference to every new truth presented to them.

(2) It is rather late in the day to be enquiring "whether homœopathy be of any value, or no value at all," for by the confession of many of its bitterest foes, it has indirectly proved of much value to

patients, if not to doctors, by compelling old school practitioners to abandon to a great degree their injurious doses of powerful drugs, and their pernicious habit of blood-letting. However let that pass, and let us see how Sir Benjamin proceeds with his enquiries into the value of homœopathy.

(3) It is rather startling to be told that the profession "are too much inclined to adopt any new theory or any new mode of treatment that may have been proposed." We always understood it had been quite the other way, and the histories of the theory of the circulation of the blood, of the introduction of antimony and bark, of inoculation and vaccination rush through our mind. Nay, if we remember right, the great Sir Benjamin himself once declared that pain under operations was necessary to the safety of the patient—is he still of that opinion, we wonder? We grant that false theories and delusive modes of treatment have occasionally been eagerly received and propagated like wild-fire among large numbers of the profession; witness the doctrines of Brown and Broussais, with their respective stimulant and antiphlogistic treatments; but if those absurdities seized upon the profession like an epidemic, they fell into disrepute with equal rapidity. The history of the reception of *truths* by the profession is very different. They have been opposed and denounced by Colleges and Faculties, and only timidly acknowledged and acted on by a few medical men here and there, who have thereby incurred the censure and often the persecution of the orthodox, but they have steadily and gradually made their way, increasing by slow degrees the circle of their adherents until finally they have been universally accepted. Such is the history of Harvey's and Jenner's discoveries, such the history of the introduction of antimony, bark and many other medicines—and is not such precisely the history of homœopathy as we see it evolving under our eyes? Who ever heard of the adherents of the pernicious systems of Brown and Broussais being persecuted by the Colleges which persecuted the beneficent discovery of Jenner, and are persecuting with tenfold bitterness the still more beneficent system of Hahnemann?

Sir Benjamin assures us his opinion respecting homœopathy "has not been hastily formed." Hastily or leisurely formed, an opinion cannot be of much value formed by a man who posesses none of the qualifications fitting him for forming any opinion at all, and omits the only mode of arriving at the possibility of forming a correct one. The course pursued by Sir Benjamin has been "to make himself sufficiently acquainted with," which we presume is the euphemism for cursorily reading, "several works which profess to disclose the mysteries of homœopathy." (Sir Benjamin's good faith and sincerity would not have suffered if he had omitted the sneer.) These works were, "that of Hahnemann"—which? we may ask, for Hahnemann wrote many; if the *Organon*, why does not Sir Benjamin say so?—"and those of Dr. Curie and Mr. Sharpe." It is odd that the reader should have forgotten that the author of the book he professes to have read was Dr. Sharp and not Mr. Sharpe, a Fellow, moreover, of that Royal Society with which Sir Benjamin has been so long connected. The result of Sir Benjamin's hard reading is that he "has been unable to form any very distinct notion of the system." Apparently not, for he informs us in the next sentence "that they all begin with laying down, as the foundation of it, the rule that *similia similibus curantur*; or, in plain English, that one disease is to be driven out of the body by artificially creating another disease similar to it." Ah! Sir Benjamin, why did you not stop with the latin formula—why did you attempt to translate it into "plain English"? But you have rather a habit of rendering latin into plain English; for in your celebrated prescription above alluded to, you generally try to render intelligible to the mean intellect of every chemist's shop boy, your favourite vehicle "cervisia parva," by adding in brackets the plain English thereof, viz., "small-beer." But you should have let alone *similia similibus curantur*. If you had read Hahnemann, which is doubtful, you would have found the plain English of his maxim to be that a disease is to be treated by a medicine which can produce on the healthy symptoms similar to those of the disease. The idea of driving out one disease by artificially creating a similar disease is not conveyed in the latin formula, and is only one way of attempting to explain the rationale of the therapeutic rule, which was certainly thrown out as a suggestion by Hahnemann, but is not an article of faith with his followers, and has found more acceptance with the celebrated allopathic physician Trousseau, who admits homœopathy as a recognised mode of curing disease, under the title of "*médecine substitutive*." Opinions may differ as to the value of the facts on which Hahnemann's therapeutic law is founded; but Sir Benjamin will hardly be accepted as a fit judge, as he has taken no steps either to refute or corroborate the facts by a repetition of the experiments. Hahnemann's reasoning may be "thoroughly puerile and illogical," but it is not a bit the more or the less so because Sir Benjamin has said it. Sir John Forbes, who at least read Hahnemann's works, which we doubt if Sir Benjamin ever did, and who has a better title to be considered an authority in the matter of medical doctrines than the latter, though bitterly opposing homœopathy, admits that " Hahnemann was a man of genius and a scholar," and " not only that the system is an ingenious one, but that it professes to be based on a most formidable array of facts and experiments, and that these are woven into a complete code of doctrine, with singular dexterity and much apparent fairness."* And the great Hufeland, who knew Hahnemann well, testifies that he was " one of the most eminent physicians of Germany, a practical physician of matured experience and judgment."† Oh, Sir Benjamin! is it likely that Hahnemann, who, by the confession of two of the most distinguished representatives of the old school, his uncompromising opponents, was " a man of genius and a scholar," " of matured experience and judgment," could perpetrate " thoroughly puerile and illogical reasoning?"

(4) Homœopathists do not represent " the doses of medicine administered by ordinary practitioners to be very much too large" to effect the objects the ordinary practitioner desires. Homœopathists know very well that in order to cause purging, vomiting, sweating, or salivation, the doses of medicine must be very considerable, in fact what are ordinarily administered; but homœopathists do not desire to purge, puke, sweat or salivate their patients. Homœopathists desire to produce the specific effects of their medicines on their patients, and experience has taught them that in order to do this, they must give their medicines in much smaller doses than those that are required to produce the violent irritating effects desired by the ordinary practitioner. Sir Benjamin makes a ludicrous mistake when he pretends to reckon the quantity of fluid required to make the homœopathic dilutions, which he could not possibly have committed had he paid the slightest attention to Hahnemann's directions on the subject. Had he done so, he would have found that in place of thirteen gallons of water being required to obtain the third or millionth dilution, less than an ounce of fluid is needed; and to make the sixth or billionth dilution, instead of 217,014 hogsheads, less than two ounces of fluid will suffice; and the process, in place of being troublesome, is so easy and simple, that a child could make both these preparations in

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* *Brit. and For. Med. Rev.*, Jan. 1846. † *Hufeland's Journal*, 1801.

less than ten minutes. But the saddest fact of all is that hundreds of reasonable persons regard the exhibition of medicine so diluted to be the best and most efficacious of treatment.

(5) The admission that by far the greater number of those who suffer from bodily illness would recover without medical interference, tells both ways. It is a fact we as homœopathists are very far from disputing; indeed, we go much further, and we say that many cases recover in spite of medical interference—*morbi sanantur per medicum, sine medico et contra medicum.* But if so, why does every orthodox practitioner proceed to treat every case by powerful doses of medicine: if he does nothing else, he cannot refrain from "clearing out the bowels," as he calls it, by some violent purgative—quite unnecessarily in the vast majority of cases. Homœopathy, at all events, cannot be accused of uselessly torturing the unoffending intestines of its patients with irritating drugs, and even Sir Benjamin will allow that globules are at least as innocent as his favourite compound of potash-water and small beer.

(6) The valetudinarians, hypochondriacs and *malades imaginaires* do not haunt the waiting rooms of homœopathists exclusively, and probably Sir Benjamin has as frequently obtained the credit of their cure as any homœopathist; and no doubt the *liq. potass. cum cerevis. parv.* is regarded with as much respect by his patients as ever a globule is by ours.

(7) That many patients are overdrugged by orthodox practitioners, and would benefit greatly by being let alone, is a fact well known to us; but it is a fact that tells entirely against the dominant system. Some of these cases would undoubtedly get well by leaving off all physic, and many adopt this plan with success; but still a large number remain, who have tried the do-nothing system in vain, and whom we have to treat for drug-diseases, and perhaps the complication of their original malady with drug-diseases. But it is a great mistake to suppose that homœopathists have often to do with patients who have been over-drugged, but who would recover by simply being let alone. Such cases do occasionally occur, but the great majority of over-drugged patients, in disgust at physic, allow a long interval to elapse between their abandonment of drugs and their application to us, and we are consequently called on to treat what the mere negation of physic will not cure. Besides, are there not the do-nothing or expectant practitioners, whose business it is to allow such overdosed patients to recover of themselves if they can,

and does not homœopathy show a greater success in these very cases than can the expectant system?

(8) Mistakes in the diagnosis and prognosis of disease are not confined to either school: if homœopathy profits by the errors of orthodoxy, the latter equally profits by the mistakes of homœopathy, and on the whole the balance is pretty well maintained in that particular. To attempt to explain away the numerous cases of serious diseases that have been cured by homœopathists after allopathists had signally failed, by alleging that they were not serious cases at all, but that the allopathic attendant had made a mistake in diagnosis, is to beg the whole question, and is certainly far from complimentary to his own side. In order to accuse his enemies of impotence, he must charge his friends with incompetence on the very subject which they consider their forte, the diagnosis of disease. "Call you that backing of your friends?" We are far from thinking so meanly of our opponents; on the contrary, we believe them to be as a rule excellent judges of the nature of disease, but very indifferent authorities with respect to its treatment. Farther on, Sir Benjamin accuses homœopathists with not having studied disease: it would seem that he thinks his own school have studied it to little purpose, as he hints they dont know it when they see it.

(9) Having stated, not without an appearance of frankness and fairness, the cases in which allopathy might do harm while homœopathy did good, Sir Benjamin next proceeds to shew as he thinks the reverse of the picture. But here, as before, he confines himself to general statements and vague denunciations, totally unsupported by facts—indeed the facts are all against him. *Tant pis pour les faits!* we think we hear Sir Benjamin muttering.

That there are many cases in which spontaneous recovery is out of the question, and in which the safety of the patient depends on the prompt application of active and judicious treatment, we are perfectly willing to admit. But we cannot allow that "in such cases homœopathy is neither more nor less than a mischievous absurdity;" on the contrary, we contend that just for such cases homœopathy, and homœopathy alone, is able to supply the "active and judicious treatment" required. Excluding surgical cases requiring operative interference, where the treatment of both schools must be alike, undoubtedly the cases demanding the most "active and judicious treatment" are the acute inflammations. Allopathy considers the most judicious treatment of such cases to consist in irritating the healthy skin with blisters, torturing the innocent bowels with purgatives, drawing off the valuable life's blood with lancet, leech, or cupping-glass, and employing several other violent modes of treatment, that have no obvious bearing on the disease to be cured. Homœopathy, on the other hand, administers a medicine which her previous investigations have taught her goes direct to the inflamed part, and there supplies just what is necessary to restore the healthy equilibrium. Allopathy behaves worse than the priest or the Levite of the parable, for when her patient lies suffering from his encounter with the thief disease, she immediately hastens to rob him of what the thief had spared, and to inflict on him further and often irreparable injury. Homœopathy, on the contrary, is the good Samaritan who pours the seasonable drop of oil on the right spot, and supplies the much-needed penny. This is the treatment that deserves to be called "active and judicious;" the other is active enough, but as to its judiciousness there are great doubts, not only among the patients who are its victims, but among the very doctors who practise it. "Who among us, in fact," says Sir John Forbes, "of any considerable experience, and who has thought somewhat as well as prescribed, but is ready to admit that, in a large proportion of the cases he treats . . . . . he has no positive proof, or rather no proof whatever, often indeed very little probability, that the remedies administered by him exert any beneficial influence on the disease?"* And similar confessions of doubts as to the judiciousness of the ordinary practice, by orthodox physicians of the greatest eminence, might be multiplied to almost any extent.

But, as we said before, the facts are all against Sir Benjamin. Need we repeat the comparative results of homœopathic and ordinary treatment, collected with much care, and recorded in the pages of a work† expressly written against the homœopathic system? From the author's voluminous tables we shall only select three diseases, which are generally admitted by medical men of all schools to demand active and judicious treatment:—

	Under homœopathic treatment.	Under ordinary treatment.
Mortality of pneumonia . .	5·7 per cent.	. 24 per cent.
„ pleurisy . . .	3 „	. 13 „
„ peritonitis . .	4 „	. 13 „

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* *Brit. and For. Med. Rev.*, January, 1846.

† *The Fallacies of Homœopathy*, by C. H. F. Routh, M.D., M.R.C.S., &c. London, 1852.

With such statistics—furnished, it will be observed, by a physician of Sir Benjamin's own school, and a determined opponent of homœopathy—who will credit Sir Benjamin's sweeping statement that "a very large number of persons have fallen victims to the faith they reposed in it?" It would appear from the above table—which, be it parenthetically observed, is founded exclusively on accurate hospital statistics—that the victims are more likely to be those who repose faith in the orthodox practice. That patients or their friends, when very serious symptoms occur, will sometimes dismiss the homœopathic and send for an allopathic medical man is undeniable, just as conversely under similar circumstances they sometimes dismiss the allopathic and send for a homœopathic medical man; or as they will dismiss one doctor and send for another of the same school. But that Sir Benjamin's assertion "that it very rarely happens that they do not dismiss the homœopathist" under such circumstances, is a gross exaggeration, is well known to every homœopathic practitioner, and confirmed by the fair proportion of certificates of death that homœopathists are called on to fill up.

(10) With the woes and regrets of practitioners of the old school who see their patients steadily deserting them for the new system, the public will hardly sympathize. The public are themselves the best judges of what suits them best, and there is no law that compels them to employ practitioners who refuse to study and adopt the method of treatment the patient-world finds to agree with them best. But the case is not as Sir Benjamin represents it. The old school practitioner is not set aside, "in favour of some homœopathic doctor, who, very probably, never studied disease at all." "Many, at least, of his [Hahnemann's] followers have been and are sincere, honest and learned men. That there are charlatans and impostors among the practitioners of homœopathy cannot be doubted; but alas, can it be doubted, any more, that there are such, and many such, among the professors of orthodox physic?" So writes Sir John Forbes, and we fully agree with what he says, but at the same time we venture to assert, that as a rule the homœopathic practitioners have studied more and not less than the generality of their allopathic brethren. They have studied all that the orthodox are required to study and something more besides, that something more not being the least difficult of their studies, to wit, the effects of every drug they prescribe on the body in health, a branch of knowledge that does not enter into the curriculum of orthodox study. Homœopaths have learned all that the

schools can teach them, and, not content with this, they have gone on teaching themselves what the schools steadily refuse to teach. They have acted on the advice given by Sir Benjamin Brodie himself in another lecture delivered at St. George's Hospital five years after that from which he quotes with so much complacency. "It would be a fatal error," says Sir Benjamin, "for you to suppose that you have obtained [in the schools] the whole, or even any large portion of the knowledge which it is necessary for you to possess. You have not done much more than learn the way of learning. The most important part of your education remains;—that which you are to give yourselves, and to this there are no limits." And yet the same Sir Benjamin Brodie who in 1843 could tell us to go on learning more than the schools can teach us, in 1861 scolds us for taking him at his word, and seeks to impose on us for ever the stereotyped system of an effete and inefficient school! and because we have studied, in addition to what he and his school can teach, a new, a better, and a more rational doctrine, he most illogically insinuates that we have not studied at all!

(11) Sir Benjamin deprecates all persecution of homœopathists, and with truly naïve inconsistency immediately proceeds to lend the weight of his great name and high station to induce the public to believe that we are an unregistered and unqualified class of practitioners, whom it would be unwise and dishonest for any qualified medical man to meet in consultation. We beg to tell Sir Benjamin, what he knows very well already, that we were educated at the same medical schools, hold the same degrees and diplomas, and are enrolled in the same register as the adherents of the old school, and if there be any men pretending to be homœopathic practitioners who have no diploma obtained after formal examination, we would just as scornfully refuse to meet them in consultation as would Sir Benjamin any unlicensed practitioner of his own system. It is a mistake, or rather it is a deliberate calumny on the part of the orthodox, to assert that homœopathists are desirous of consulting with physicians of the old school. Nothing could be further from their wish, for what light could the homœopathist expect to be thrown upon the treatment of a case by a man whom he knows to be ignorant of, and who makes a parade of his contempt for the remedial means which the homœopathist knows to be the best? When the diagnosis of a malady is obscure, the homœopathist might feel desirous of having the opinion of some man who had devoted himself particularly to the study of particular affections, not upon the treatment but upon the patho-

logy of the case; but he knows better than to ask such a consultation, as he would thereby only be affording his allopathic colleague an opportunity of insulting him by a contemptuous refusal, that being a facile mode of persecution open to the envious adherents of old-school physic. With respect to surgical affections the case is different, and we should be pleased to learn from Sir Benjamin Brodie how he can justify the refusal of a surgeon to perform some urgently needed operation, such as passing a catheter or extracting a foreign body from the œsophagus, for a patient, because his medical attendant, though a duly qualified and registered practitioner, happens to think differently on the subject of medical treatment, with which, as a surgeon, he is not asked or expected to interfere. As a celebrated surgeon (who used to be devoid of sectarian prejudices, but who has now alas! yielded to the clamour of the bigots and joined the illiberal party) once remarked to us in reference to a surgeon who alleged that a due regard for the honour of the profession would prevent him doing such an operation for a homœopathic practitioner: "the public might think very highly of his zeal for the honour of the profession, but they would not think much of his humanity." Nor, we may add, will the public think very much of the honesty of the surgeon, who alleges as his excuse for refusing thus to meet a homœopathist that the latter is an unqualified practitioner; though we grant that such a course may not be devoid of a certain kind of wisdom—the wisdom of the serpent.

We can afford to smile at the proceedings of the nonentities of the profession who periodically, in solemn conclave assembled, register solemn vows and resolutions not to hold consultations with homœopathists. The very last thing in the world any homœopathist would think of would be to ask their opinion on any subject whatever. This they know perfectly well, but by publishing their impertinent resolutions they think they will discredit homœopathy by making the public believe that they have investigated and proved the fallacy of the system, and that homœopaths are in the habit of importuning them for consultations. A very subtle ruse, but unfortunately it has been practised rather too often, and the public now see through it perfectly.*

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* The *Standard* of Sept. 5th, in a leading article, expresses the common sense view of this subject. "The head of orthodox medicine, in fact, excommunicates his opponents, since he cannot put them down by act of Parliament, and will have no relations with men who have a scientific creed that is not

And here we take our leave of Sir Benjamin and his letter, our remarks having extended to a greater length than we originally intended. We can assure him that his letter will do us no harm, but the reverse, for it requires no great perspicacity to see that his condemnation of homœopathy is grounded on no intimate knowledge of the subject, far less on any practical experience of it, and that he has merely prostituted his high station and authority, to make himself the mouthpiece of all the prejudice, illiberality, and envy of the profession. We cannot dignify the outcry now raised against homœopathy with the name of scientific bigotry; it is the mere unreasoning howl of a trading guild which thinks its "craft is in danger to be set at nought," and Sir Benjamin Brodie steps forward to enact the not very dignified part of Demetrius the silversmith. His success however does not equal his zeal, for his "great goddess Diana" is considerably maltreated by her own champion.

On the action of Potash, Soda, Lithia, Lead, Opium, and Colchicum on the Urine.

By Dr. Wm. Moss, of Philadelphia.

The averages of the experiments are given in the following table.

	Quantity of urine.	Total solids.	Organic solids.	Inorganic solids	Urea.	Uric Acid.	Specific gravity.
Average of normal urine	801	51·36	41·12	10·22	29·97	·346	1028·61
Acetate of Potash	1200	67 08	44·34	22·71	32 33	·397	1025·27
Acetate of Soda	1020	57·16	38·59	18·56	29·41	·170	1026·81
Acetate of Lead	772	50·47	39·13	11·33	27·88	·296	1025·57
Carbonate of Lithia	1262	61·32	45·61	15·70	32·16	·370	1018·75
Opium	1175	54·68	42·95	11·70	27·50	·191	1018·35
Colchicum	890	54·98	42·23	12·73	29·75	·329	1025·24

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his. With much respect, however, for so great an authority, we are compelled to think him in error, and that in clearing himself from suspicions of a liberality that would have done honour to his intelligence, he has been shewing himself more orthodox than orthodoxy. The two schools are unable, we admit, to advise on a common treatment; but they have yet in that inquiry as to symptoms and prognosis as to results, which are said to involve half the cure, a common ground which both might honourably occupy."

A Fact in Favour of Homœopathy.

We have received a copy of a testimonial in favour of the homœopathic treatment of horses, cattle, sheep, and pigs, signed by three of the most experienced agriculturists in this district, with a request for its publication. The cures effected are described as extraordinary; and if all the reports be true, a great change is likely to be effected in the veterinary art. But, as an opinion has been expressed by gentlemen of high reputation on the new system, there is no need of further comment. We subjoin a copy of the written declaration:—

"VETERINARY HOMŒOPATHY.

"We, the undersigned, having used the homœopathic treatment in the most severe lung diseases in cattle with the very best results, hereby strongly urge its adoption by our brother agriculturists.

"W. TINDALL, Wheatley.
"GEORGE MANN, Scausby.
"GEO. D. SIMPSON, Loversall.

"Doncaster, September 7, 1861."

Clover in Hooping-Cough.

M. Foster, F.R.C.S., in a lettter to the *Medical Times and Gazette*, speaks very highly of the common clover hay (Trifolium in fœno) in hooping-cough, he says he has used it in about fifty cases since last summer, and found it only to fail in three or four.

He gives it either as a syrup or infusion.

Poisoning by Aconite.

The following case of poisoning by tincture of aconite is from the *Lancet*.

On the 10th of June last, Mrs. M——, a lady accustomed to take two teaspoonsful of laudanum occasionally for a painful affection of the bowels, took in mistake two teaspoonsful of tincture of aconite, which she had in a bottle of the same size and shape as the laudanum one, to apply to her face for tic douloureux.

One hour after taking it, some strange sensations she experienced led her to find out her mistake, and she immediately came to me. I gave directly an emetic of sulphate of zinc which acted in two minutes. After its operation, on trying to rise, she exclaimed, "I have no use in my legs!" I carried her to a couch. The face had a pinched, anxious expression; the forehead wrinkled and corrugated between the eyebrows; the pupils slightly dilated; the pulse 45, feeble and intermitting; extremities cold; consciousness quite unaffected. She said she felt a burning sensation in the fauces; and a constriction at the chest; and that she had no feeling in her legs, arms, and face. The feeling of having no feeling (to use a paradox), she said, was "dreadful, worse than any pain."

Strong coffee and ammonia were given every fifteen minutes. She remained in this condition two hours, and then the symptoms gradually subsided. In eight hours they had quite left her. I may mention that the tic was cured.

Phthisis; incompatible diseases and premonitory symptoms.

M. Beau, in a lecture at la Charité, speaks of the rare occurrence of phthisis in hysterical subjects. The same immunity from phthisis has been observed in persons suffering from asthma and emphysema of the lungs. M. Beau expressed himself as confident that neither of these morbid conditions could be considered as incompatible with the tubercular diathesis; their coexistence was the exception, and not the rule, in conclusion he dwelt particularly upon a symptom of phthisis, almost as constant as the premonitory headache. It is a pain felt on pressure in the popliteal region or on the thigh, a little above the knee, and he considers it more reliable than the premonitory headache. He terms it "melosalgia."

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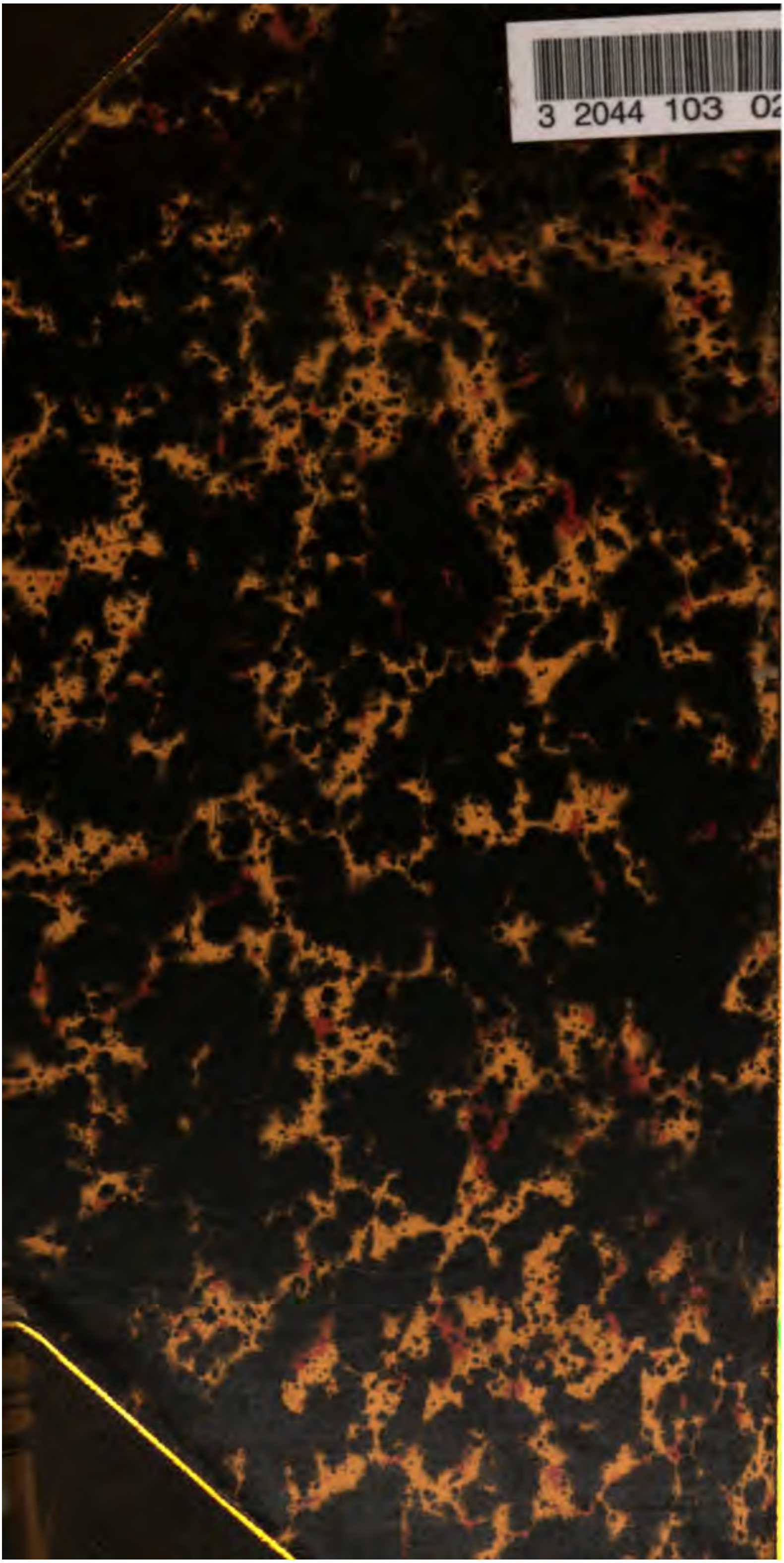

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